

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

04073

231

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County.....

Prince George -

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

63 days

Hospital, institution, or street address where death occurred:

Prince George Hosp.

How long in hospital or institution?.....

63 days

3. (a) FULL NAME

Hood (Ayres) Mrs Sophie

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

Oct 10 - 1884

6. (c) If alive, give age..... years

8. AGE: Years

63

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Penns

town, county, and state

10. Usual occupation.....

housewife

11. Industry or business

Glatfip striker

MOTHER FATHER

12. Name.....

unknown

13. Birthplace.....

unknown

14. Maiden name.....

unknown

15. Birthplace.....

unknown

16. Informant.....

Larry Ayres

Address

West, Lorton Md

(Burial, cremation, or removal. Which?)

Transportation April 7, 1948

Cemetery or crematory

West Newton Cemetery

Location

West Newton Penna

18. Funeral director

E. Gascia Sons

Address

Hyattsville Md

19. (Date registered by registrar)

1948 Amanda Downey

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Prince Georges

City or town.....

West Lorton, Md

Street No.

499-78th Ave

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

6 April

1948 at 10:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 2 1948 to April 6, 1948

and that I last saw h. s. alive on April 6, 1948

Immediate cause of death.....

Left ventricular failure

DURATION

Feb. 2 - April 6

Due to..... Coronary thrombosis

Feb. 2 - April 6

Due to..... Atrial fibrillation

Feb. 2 - April 6

Other conditions..... Severe cellulitis

1 year

Cholecystitis + Cholelithiasis

2 years

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

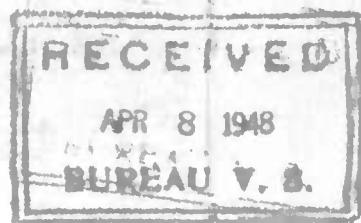
Albert Roth, M.D.

M.D. or other

Address.....

Lorton,

Date signed April 16, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

52a
041.74

242

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Prince GeorgesCity or town Hanham

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 years.

Hospital, Institution, or street address where death occurred:

Princess Garden Road.

How long in hospital or institution?

3. (a) FULL NAME

Gertrude Baldwin

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FWMarried

6. (b) Name of husband or wife

Henry T BaldwinAugust 1, 18736. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.)

Nov. 19, 1874

8. AGE:

Years 73Months 4

Days

If less than one day

hrs. min.

9. Birthplace

Washington DC

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Ruben H. Harlow

12. Name

Virginia

13. Birthplace

Joanna Cowne

14. Maiden name

Virginia

15. Birthplace

Miss Charlotte Baldwin.

16. Informant

Hanham Maryland.

Address

BurialDate thereof April 3, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory Lt LincolnLocation Washington DC

18. Funeral director

L. Jascha, Esq.

Address

Hyattsville Md.19. 4-2

1948

(Date rec'd by registrar)

May Jack Bennett

O.B. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty Prince GeorgeCity or town Hanham

(If outside city or town limits, write RURAL and give nearest town)

Street No. Princess Garden Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 1 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1 1947 to Apr 1 1948and that I last saw h.e.r. alive on March 31 1948

Immediate cause of death

Hypostatic Pneumonia

DURATION

48 hrsDue to Metastatic lesions to brain

IMM.

Due to Carcinoma of left kidney

UNKNOWN

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Metastatic lesion of skullDate of op. Feb 4, 1948

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE William Mehane

M. D. or other

Address 1801 E. 23rd St. New York 18 Date signed 4-1-1948

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In-correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

Ac. 0112

Class



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04075
242
Reg. Dist. No.

1. PLACE OF DEATH:

County Pearce GeorgiaCity or town Capitol Heights

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Martha Ellen (Ada) Benson4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Benjamin F Benson7. Birth date of deceased (mo., day, yr.) September 12, 1870 6. (c) If alive, give age 82 years8. AGE: Years 77 Months Days If less than one day hrs. min. 9. Birthplace Montgomery County, Md. (Town, county, and state) 710. Usual occupation Housewife11. Industry or business Home12. Name George Connor13. Birthplace England14. Maiden name Mary Mae Knight15. Birthplace Maryland16. Informant Mrs. Rosal M. MorrisAddress 6128 Kingston Rd, Capitol Hgts Md17. Burial Burial Date thereof Apr. 3, 1948 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Adelphi ChapelLocation Seft Pl. Md.18. Funeral director W.W. Chambers Inc.Address 1400 - Chapin St NWApril 1 1948 Carrie F. Campbell

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty Pearce GeorgiaCity or town Capitol Heights

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6128 Kingston Road

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1948 at 7 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from James 15 1947 to April 1 1948 and that I last saw her alive on March 31 1948.

Immediate cause of death

Hypertension Coronary Heart DiseaseDue to Drabited Melitus

DURATION

8 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

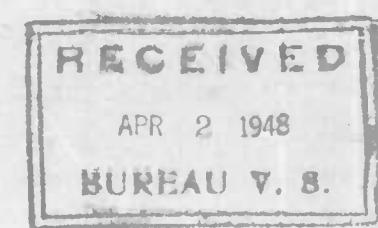
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE William BranninM. D. BranninAddress Capitol Heights MdDate signed 4/1/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, sex, and name of deceased, and the cause of death, are especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04076

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH

County

Baltimore Co.

City or town

Cheverly Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death

18 years

Hospital, institution, or street address where death occurred

Peter George Senior Hospital

How long in hospital or institution

3. (a) FULL NAME

Vincent Salvadore Bruguglio

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Julia Bruguglio

7. Birth date of deceased (mo., day, yr.)

Jan 12 1881

6. (c) If alive, give age 63 years

8. AGE:

Years

Months

Days

Less than one day

hrs.

min.

9. Birthplace

Italy

(Town, county, and state)

10. Usual occupation

Border

11. Industry or business

FATHER

Vincent Salvadore Bruguglio

12. Name

Italy

13. Birthplace

unknown

MOTHER

Italy

14. Maiden name

unknown

15. Birthplace

Italy

16. Informant

Thomas Bruguglio

Address

606 F St N.E. Wash D.C.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 16 1948

Cemetery or crematory

Location

Edgar Hill Cemetery

Suitland, Md.

18. Funeral director

Timothy Hanlon

Address

641 7th St. N.E. Wash. D.C.

19. 4/13 1948

(Date rec'd by registrar)

Amanda Deury

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Br. Geo C

City or town 6490 F St N.E.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Maryland Park Md.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

april 13

19. 48

at 12:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

april 12

19. 48

to april 13 19. 48

and that I last saw him alive on

april 12

19. 48

Immediate cause of death

Coronary thrombosis

DURATION

15 hours

Due to coronary arteriosclerosis

—?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. S. Pitcher M.D.

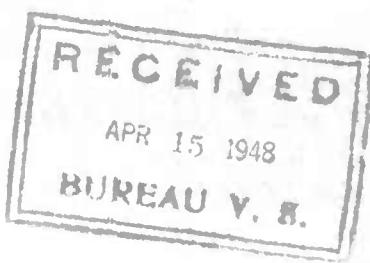
M. D. or other

Address

6906 Pitcher PASE

Date signed

april 13 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

040779974
93d

1. PLACE OF DEATH:
County..... Prince George
City or town..... New Castle Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 19 hours
Hospital, Institution, or street address where death occurred:
Eugene Leland Memorial Hospital
How long in hospital or institution? 19 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... New Jersey County..... Union
City or town..... Linden
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 1319 North Wood Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war..... World War I

3. (a) FULL NAME
Frederick Anthony Brodesser

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced		
Male	White	Married		
Eleanor Brodesser				
6. (b) Name of husband or wife		6. (c) If alive, give age 44 years		
7. Birth date of deceased (mo. day, yr.)		March 18, 1893		
8. AGE:	Years	Months	Days	If less than one day
	55		21	hrs. min.
9. Birthplace	Elizabeth, N. J. (Town, county, and state)			
10. Usual occupation	Real Estate & Insurance			

11. Industry or business
MOTHER FATHER

12. Name	Frederick Brodesser
13. Birthplace	Germany
14. Maiden name	Rose Perl
15. Birthplace	Germany

16. Informant Mrs. Eleanor Brodesser.

Address 1319 North Wood Ave., Linden, N.J.
17. Removal (Death, removal, or removal. Which?) Date thereof April 9, 1948
(month) (day) (year)

Cemetery or crematory
Location Baltimore, Md.

18. Funeral director John A. Moran

Address 300 E. Baltimore St., Baltimore, Md.

19. (Date rec'd by registrar) April 9, 1948
(Date rec'd by registrar) Mo. has Severe
Disease Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1948, at 11 P.M.
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from April 8, 1948, to April 8, 1948, and that I last saw him in alive on April 8, 1948.
Immediate cause of death Coronary occlusion
Due to Arteriosclerotic AT. D. 24 hours
Other conditions 1 year.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE L. W. Malin, M.D.

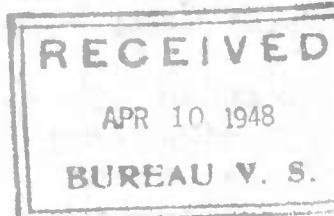
M. D. or other

Address Riverdale, Md. Date signed 4-8-48

Mr. James Seene
4309 Langatt Rd.

Hyatt

Weller



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04078

CERTIFICATE OF DEATH

170C
Reg. Dist. No. 231

1. PLACE OF DEATH:

County..... Prince Georges

City or town..... Bladensburg

(If outside city or town limits, write RURAL and give nearest town)

Transient

How long in above place of death?

Hospital, institution, or street address where death occurred:

Kenilworth Ave.

How long in hospital or institution?

3. (a) FULL NAME

RAYMOND LEON BUTLER

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male Colored Married

6.(b) Name of husband or wife..... Lenora E. Butler

7. Birth date of deceased (mo. day. yr.) May 21, 1914

6.(c) If alive, give age 29 years

8. AGE: Years Months Days If less than one day

33 10 13 hrs. min.

9. Birthplace..... Landover, Md.

(Town, county, and state)

10. Usual occupation..... Instrument Assembler

11. Industry or business..... U.S. Navy Yard, Wash., D.C.

12. Name..... Richard Butler

13. Birthplace..... Md.

14. Maiden name..... Mary Frances Queen

15. Birthplace..... Maryland

16. Informant..... Lenora E. Butler

4523 - 39th pl., Brentwood, Md.

17. Removal Date thereof..... April 2, 1948

(Burial, cremation, or removal, which?) (month) (day) (year)

Stewart Funeral Home

Cemetery or crematory.....

30 H St N E Washington D. C.

Location.....

F. Gasch's Sons

18. Funeral director..... Hyattsville Maryland.

Address.....

4/2 1948

(Date rec'd by registrar)

Amelia Duncy

Registrar

4/2 1948

Date signed 4-2-48

M. D. or other

Address.....

4/2 1948

Date signed 4-2-48

M. D. or other

Address.....

4/2 1948

Date signed 4-2-48

M. D. or other

Address.....

4/2 1948

Date signed 4-2-48

M. D. or other

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4/2 1948

Date signed 4-2-48

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Address.....

4/2 1948

Date signed 4-2-48

M. D. or other

Address.....

4/2 1948

Date signed 4-2-48

M. D. or other

Address.....

4/2 1948

RECEIVED
APR 5 1948
BUREAU V. B.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04679

File No. G 115 MAY 11 1948 CERTIFICATE OF DEATH

93d
Reg. Dist. No. 242

1. PLACE OF DEATH:

County

Pr Geo Co

City or town

Forestville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Five Years

Hospital, institution, or street address where death occurred:

8428 Leona St

How long in hospital or institution?

3. (a) FULL NAME

Georgia Mary Carter

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband

Joseph Andrew Carter

7. Birth date of
deceased (mo., day, yr.)

Dec 8 1887

6. (c) If alive, give age.....years

8. AGE:

Years Months Days If less than one day
60 6 11 hrs. min.

9. Birthplace

Darfield Pa

(Town, county, and state)

10. Usual occupation

nurse attendant

11. Industry or business

Govt Service

MOTHER FATHER

12. Name

Jane Joy Swan

13. Birthplace

Maine

14. Maiden name

Rose Austin

15. Birthplace

Pa

16. Informant

Mrs Myrtle Sorrell

Address

8370 Leona St, Wash 20 D.C.

17. Burial

Date thereof AM 30 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Cedars Hill

Location

Suitland Md

18. Funeral director

Wm. Lee's Sons Co

Address

600-4 st. N.E. D.C.

19. Date rec'd by registrar

Apr. 27 1948

Edua F. Collins

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Pr Geo Co

City or town

Forestville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

8428 Leona St

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr 27 27

1948 at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 15 1948 to Apr 27 1948

and that I last saw her alive on

Apr 27 1948

Immediate cause of death

Congestive Heart failure

DURATION

11 day

Due to

Hypertensive Heart Disease

?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

W. Spur Patch

M. D. or other

Address

6906 Patchin Rd SE

Wash 14 D.C.

Date signed Apr 27 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04080

CERTIFICATE OF DEATH

Reg. Dist. No. 231

93d

1. PLACE OF DEATH: *Ot. Geo. C.*
County: *Baltimore*City or town: *Baltimore, Md.*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *6 years*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Frances St. Clair Cave

3. (b) Social Security Number

4. Sex: *F* 5. Color or race: *W* 6. (a) Single, married, widowed, or divorced: *Married*6. (b) Name of husband or wife: *Romney E. Cave*7. Birth date of deceased (mo., day, yr.): *March 13 - 1892*8. AGE: *56* Years *0* Months *0* Days *If less than one day*9. Birthplace: *Brooklyn, New York*
(Town, county, and state)10. Usual occupation: *Housewife*

11. Industry or business

12. Name: *Samuel*13. Birthplace: *New York*14. Maiden name: *Catherine West*15. Birthplace: *New York*16. Informant: *Romney E. Cave*Address: *4107-53rd Ave Bladensburg, Md.*17. Burial: *Buried* Date thereof: *4-17-48*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory: *Wash. Natl. Cemetery*Location: *Southland, Md.*18. Funeral director: *W. W. Haubert Co.*Address: *Bundage, Md.*19. (Date rec'd by registrar): *4/16/48*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: *Md.* County: *Ot. Geo. Co.*City or town: *Bladensburg*
(If outside city or town limits, write RURAL and give nearest town)Street No.: *4107-53 - Ave. qst #1*

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH: *April - 14* 1948 at *12:45*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Feb* 1947 to *April 14* 1948and that I last saw h.e. alive on *April 13* 1948Immediate cause of death: *Pulmonary*

Edema

DURATION

*few minutes*Due to: *Hypertensive Cardio-
Vascular disease*Due to: *Hypertension*

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: *None*

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

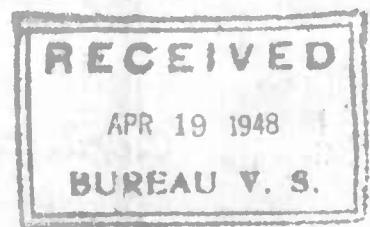
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE: *Dayton O. Watkins*Address: *5306 Annapolis Rd., Hyattsville, Md.* Date signed: *4-17-48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

CERTIFICATE OF DEATH

04081-239
Reg. Dist. No.

1. PLACE OF DEATH:

County Orange, George

City or town Laurel, George

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months

Hospital, institution, or street address where death occurred:

Warren's Hospital

How long in hospital or institution? 4 days

3. (a) FULL NAME

Charles Boice Chaney

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 7, 1875 6. (c) If alive, give age years

8. AGE: Years 73 Months 1 Days 28 It less than one day hrs. min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual occupation Retired machine engineer

11. Industry or business U.S. Navy Yard

MOTHER FATHER

12. Name Charles B. Chaney

13. Birthplace Baltimore, Maryland

14. Maiden name Mary E. Bain

15. Birthplace Strasburg, Virginia

16. Informant Harry W. Chaney

Address Laurel, Maryland

17. Burial Date thereof April 7, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Loudon Park

Location Baltimore, Maryland

18. Funeral director De Wit & Condaaw

Address Laurel, Maryland

19. Date rec'd by registrar April 6, 1948 M. Brashears
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State New York County

City or town Brooklyn (If outside city or town limits, write RURAL and give nearest town)

Street No. 141 Lafayette Avenue (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 5 1948, at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4 2 1948, to 4 5 1948

and that I last saw him alive on

Immediate cause of death Central

Hernia page

Death certificate

Due to Hernia

Insured

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

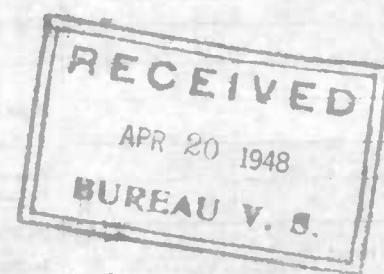
B. W. Warren M. D. or other

Address Laurel, Maryland Date signed April 6, 1948

RECEIVED

APR 9 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct size
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04083

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County

Prince George

Brentwood Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

35 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Alice Genera Chase

3. (b) Social Security Number

X

4. Sex

Female white widowed

5. Color or race

6. (a) Single, married, widowed, or divorced

wallace Chase

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day. yr.)

Oct 12, 1868

6. (c) If alive, give age years

8. AGE:

79

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Washington D.C.

(Town, county, and state)

10. Usual occupation

11. Industry or business

Housewife

12. Name

unknown

unknown

unknown

unknown

13. Birthplace

Sarah Williams

14. Maiden name

unknown

15. Birthplace

Tiola Bonfield

16. Informant

Brentwood Md.

Address

Burial

Date thereof April 29, 1948

17. (Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Congressional

Location

Washington D.C.

18. Funeral director

L. Daecher sons

Address

Hyattsville Md.

19. (Date rec'd by registrar)

April 29, 1948

Mrs. Jas. Severe

Deputy Clerk

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Brentwood Md.

City or town

3401

Street No.

Taylor st

(If rural, give LOCATION)

X

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

APRIL 27 1948 at 12:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

APRIL 12 1948 to APRIL 27 1948

and that I last saw her alive on APRIL 27 1948

Immediate cause of death

CORONARY OBSTRUCTION

DURATION

?

Due to GENERALIZED ARTERIOSCLEROSIS

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

David S. Blayman, M.D. or other

4118-30th St. D.C. Date signed 4/27/48

Address



RECEIVED
APR 14 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04685

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County

Prince Georges

City or town

Glenn Dale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mos., 13 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 3 mos., 13 days

3. (a) FULL NAME

FRANCES COLE

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Negro

Separated

6. (b) Name of husband or wife

Sandy Cole

6. (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.)

March 13, 1925

8. AGE: Years

Months

Days

If less than one day

23

23

1

14

hrs.

min.

9. Birthplace

Winston Salem, North Carolina

(Town, county, and state)

10. Usual occupation

Fountain Service

11. Industry or business

MOTHER FATHER

12. Name Arthur Wright

13. Birthplace

Richmond, Virginia

14. Maiden name

Hattie Smith

15. Birthplace

? North Carolina

16. Informant

Deceased

Address

17. Removal

Date thereof Apr 28 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location to Washington, D.C.

18. Funeral director

Johnson & Jenkins

Address 2053 Georgia Ave. N.W.

19. (Date rec'd by registrar)

Apr 28 1948 Rowland S Phillips

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C.

County

Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1505 Vermont Avenue, N.W.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

- - -

MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr 27 1948 at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 13 1948 to Apr 27 1948

and that I last saw her alive on Apr 26 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

6 mo.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

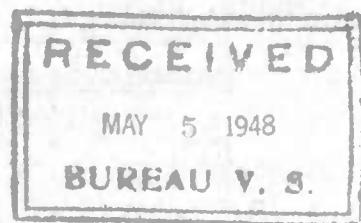
M. D. or other

Address

Daniel Leo Pinecone M.D.

Glenn Dale, Md.

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04086

CERTIFICATE OF DEATH

Reg. Distr. No. 243

1. PLACE OF DEATH: Prince Georges
 County.....
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 mos.
 Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium
 How long in hospital or institution? 11 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... D.C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 506 Eye Street, N. W.
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

LEWIS COMPOMIZZI

3. (b) Social Security Number

579-03-2683

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife..... Dominica Compomizzi

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) April 24, 1894

8. AGE: Years	Months	Days	If less than one day
53	53	11	28
			hrs. min.

9. Birthplace..... Italy
 (Town, county, and state)

10. Usual occupation..... Watchman

11. Industry or business.....

12. Name.....	Costanzo Compomizzi
13. Birthplace	Italy

14. Maiden name.....	Guiseppia Donofrio
15. Birthplace	Italy

16. Informant..... Deceased

Address

17. Removal..... Date thereof Apr. 22, 1948
 (Burial, cremation, or removal. Which?)

Cemetery or crematory..... Washington

Location..... D.C.

18. Funeral director..... W. W. Chambers Co.

Address..... 517 - 11th St., S.E., Washington D.C.

19. Date rec'd by registrar..... 4-22-1948 Rowland S. Phillips

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Apr. 21, 1948, at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 20, 1947, to Apr. 21, 1948

and that I last saw him alive on Apr. 21, 1948

Immediate cause of death..... Pulmonary Tuberculosis

DURATION..... 5 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

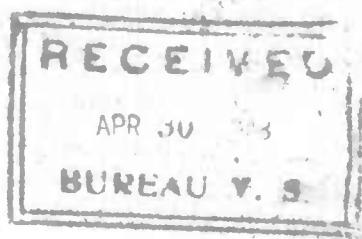
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pinecane M.D.

M. D. or other

Address..... Glenn Dale, Md. Date signed..... Apr. 21, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

84687

245

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95d
Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Prince Georges
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 20 days.....
Hospital, institution, or street address where death occurred: Eugene Leland Memorial Hospital
How long in hospital or institution?..... 20 days.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland..... County Prince Georges.....
City or town..... Hyattsville.....
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4208..... Queensbury Road.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Mrs. Ethel - Cookman

3. (b) Social Security Number
?

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife William Abner Cookman

7. Birth date of deceased (mo., day, yr.) September 10, 1881 6. (c) If alive, give age..... years

8. AGE: Years 63 Months 7 Days 15 If less than one day hrs. min.

9. Birthplace New Jersey
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Lewis Smith Paxton

13. Birthplace New Jersey

14. Maiden name Carrie Hartman Rockhill

15. Birthplace New Jersey

16. Informant Hospital records

Address transportation April 27, 1948
17. (Burial, cremation, or removal. Which Date thereof (month) (day) (year)
Bordentown Cemetery

Cemetery or crematory

Location Bordentown, N.J.

18. Funeral director F. Gaschi Son

Address Hyattsville Md.

19. April 26, 1948 Mrs. J. A. Severe

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1948, at 10:18 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 5, 1948, to April 25, 1948, and that I last saw her alive on April 24, 1948.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerotic heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

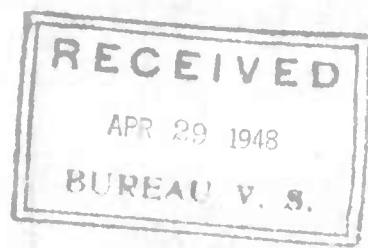
Means of injury Injured at work?

23. SIGNATURE F. A. Rehaffenburg, M.D.

M. D. or other

Address 4208 Queensbury Road Riverdale, Maryland Date signed 4-25-48

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04088

CERTIFICATE OF DEATH

70C
Reg. Dist. No. 234

1. PLACE OF DEATH: **Prince George's**
County

City or town **oxon Hill**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Transient**
Hospital, institution, or street address where death occurred:

~~5120 St. Barnabas Rd.~~

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State **Maryland** County **Prince George's**

City or town **Oxon Hill**
(If outside city or town limits, write RURAL and give nearest town)

Street No. **near 5120 St. Barnabas Rd.**
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Raymond Edward Counts

4. Sex **Male** 5. Color or race **white** 6.(a) Single, married, widowed, or divorced **Single**

6.(b) Name of husband or wife **.....**

7. Birth date of deceased (mo., day, yr.) **August 27, 1940**

8. AGE: Years **7** Months **.....** Days **.....** It less than one day **.....** hrs. **.....** min. **.....**

9. Birthplace **washington, D.C.**
(Town, county, and state)

10. Usual occupation **Student**

11. Industry or business

MOTHER FATHER **Bruce R. Counts**

13. Birthplace **Jefferson City, Tenn.**

14. Maiden name **Edna I. Lowe**

15. Birthplace **washington, D.C.**

16. Informant **Bruce R. Counts**

Address **5120 St. Barnabas Rd. Oxon Hill, Md.**

Burial **Forestville Cemetery**
(Burial, cremation, or removal. Which?) **Forestville** (month) **May** (day) **3** (year) **1948**

Cemetery or crematory **Forestville** Location **Forestville**

Location **Forestville**

18. Funeral director **E. Gascha Sons**

Address **Hyattsville, Md.**

19. **5/3/48** **Raymond Counts**
(Date rec'd by registrar) **Mrs. Allen Davis** **Registrar**

MEDICAL CERTIFICATION

20. DATE OF DEATH **April 30 1948** at **6:25 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **19.** to **19.**

and that I last saw him **alive** on **19.**

Immediate cause of death **Hemorrhage and shock**

DURATION **.....**

Due to **Crushed skull**

Fractured left arm

Due to **.....**

Other conditions **.....**

(Include pregnancy within 3 months of death) **.....**

Major findings of operations **.....**

Date of op. **.....**

Autopsy results **.....**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **Accident** Date of **4/30/48**

Where did injury occur? **Oxon Hill P. G. Md.** (City or town) (County) (State)

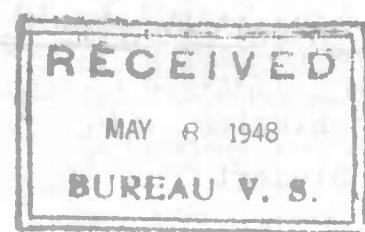
Injured at home, farm, industry, public place (where?) **St. Barnabas Rd.**

Method **On bicycle struck by a truck** **in a** **truck** **NO**

Deputy Medical Examiner **.....**

23. SIGNATURE **.....** M. D. or other **.....**

Address **Forestville, Md.** Date signed **5/1/48**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct type
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04089

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges

City or town..... Glenn Dale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 1 month

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution?..... 1 month

3. (a) FULL NAME

LERoy CRAWFORD.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Negro	Married

6. (b) Name of husband or wife..... Awatha Crawford

7. Birth date of deceased (mo. day, yr.)..... August 1, 1912

6. (c) If alive, give age..... 29 years

8. AGE: Years	Months	Days	If less than one day
35	35	8	5
			hrs. min.

9. Birthplace..... Goldsboro, North Carolina

(Town, county, and state)

10. Usual occupation..... Baker

11. Industry or business.....

12. Name.....	Willis Crawford
---------------	-----------------

13. Birthplace	?	North Carolina
----------------	---	----------------

14. Maiden name.....	Laurena Coley
----------------------	---------------

15. Birthplace	?	North Carolina
----------------	---	----------------

16. Informant..... Deceased

Address.....

17. Removal to Wash. D.C. Date thereof..... 4 7 48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location.....

Carver Memorial

Address..... 29 1/2 St. N.W.

19. Date rec'd by registrar..... Apr. 7, 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....

City or town..... Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 903 R. Street, N. W.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

242-10-4455

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Apr. 6 1948 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 5, 1948, to Apr. 6, 1948,

and that I last saw him alive on Apr. 6, 1948.

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION

2 yrs no.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

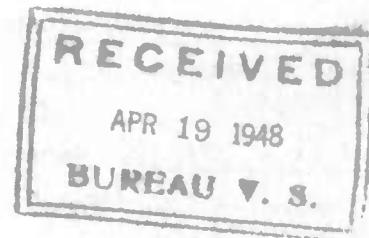
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... Daniel Leo Finegan M.D.

M. D. or other

Address..... Glenn Dale, Md. Date signed..... Apr. 6/48.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

04090
231

1. PLACE OF DEATH:

County Prince George's

City or town Cheverly MD
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 hr 15 min

Hospital, institution, or street address where death occurred:

Prince George's Hospital

How long in hospital or institution? 1 hr 15 min

3. (a) FULL NAME

Russell Dant

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m wh. fe single

6. (b) Name of husband or wife Russell Dant

7. Birth date of deceased (mo., day, yr.) January 10 1948

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day

3 29 day hrs. min.

9. Birthplace Prince George's

(Town, county, and state)

10. Usual occupation

11. Industry or business

Russell Dant

12. Name Russell Dant

13. Birthplace N.C.

14. Maiden name Mary Evelyn Dennis

15. Birthplace Arkansas

16. Informant father

Address 5900 Benway Road

17. Burial Date thereof April 10 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Signer (initials)

18. Funeral director Robert W. Dant

Address 131-112 S. 12th Wash. D.C.

19. H/9 1948 (Date rec'd by registrar)

Amanda Horner

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)Street No. 5900 Benway Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1948 at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 10 1948 to April 8 1948 and that I last saw him alive on April 8 1948

Immediate cause of death

Gastroenteritis
Emphysema

Due to Anhydremia

DURATION

7 days

7 days

Due to

Other conditions Preaturity

3 hrs

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Aaron Dant, M.D.

per L. Rose, M.D.

M. D. or other

Address 4314 Gallatin St. Date signed 4/9/48

RECEIVED
APR 10 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04091

CERTIFICATE OF DEATH

Reg. Dist. No. 932

245

1. PLACE OF DEATH

County

Parry George

City or town

Met Rainier

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas F. Ecton

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Kate F. Ecton

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give ago

years

Sept 18, 1869

8. AGE: Years

77

Months

7

Days

2

It less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

Maryland

10. Usual occupation

Retired - Business

11. Industry or business

U.S. Light

MOTHER

FATHER

12. Name

W. F. Ecton

13. Birthplace

14. Maiden name

Jane Hines

15. Birthplace

M

16. Informant

Albert F. Ecton

Address

4007-33 st

17.

(Burial, cremation, or removal, which?)

Date thereof (month) (day) (year)

April 23, 1948

Cemetery or crematory

Non-residential

Location

Wash. D.C.

18. Funeral director

J. Wm. Lee's Sons Co

Address

300-4th N.E. D.C.

19.

Date rec'd by registrar

4/20 1948

Amanda Dickey

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Met Rainier

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

4007-33 st

D.C.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

APRIL 20 1948 at 11:25 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Feb. 19

1948 to APRIL 20 1948

and that I last saw him alive on APRIL 20 1948

Immediate cause of death

Congestive Heart Failure

DURATION

Due to

Due to

{ DRAINING KIDNEY SINUS (R+) }
CIRCULATORY COLLAPSE

SEVERE ANEMIA

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

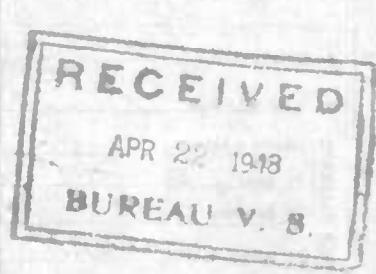
Injured at work?

23. SIGNATURE

David J. Blayman, M.D.

M. D. or other

Address 4118-33 st - Met Rainier Date signed 4/20/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04092
245

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County

Prince George Rural

City or town

Wheatonville Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 1/2 mo

Hospital, institution, or street address where death occurred:

Morgan James Rest Home

How long in hospital or institution?

2 1/2 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. County Prince George

City or town

Forestville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Della Fowler

4. Sex

5. Color or race

female White married

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

Sydney Walter Fowler

7. Birth date of deceased (mo., day, yr.)

March 17, 1881

6.(c) If alive, give age years

66

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Brandywine Md
(town, county, and state)

10. Usual occupation

11. Industry or business

Frank Bryant
Bowie Md

12. Name

Cora Ogle

13. Birthplace

Md

14. Maiden name

sydney Fowler

15. Birthplace

Upper Marlboro Md

16. Informant

Burial

Date thereof (month) (day) (year)

Address

Cremation

Cemetery or crematory

Maryland

Location

Hitchie & Bros

18. Funeral director

Upper Marlboro Md

Address

Opel 26 1948 James Derry

Date rec'd by registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr 23 1948 at 10²⁵ p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 7 1947 to Apr 23 1948

and that I last saw h.....alive on Apr 23 1948

Immediate cause of death

Cerebral Hemorrhage

Due to

Gen Arteriosclerosis

Due to

Hy per tension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

28 Aug 1948 Date signed

Address M. D. or other

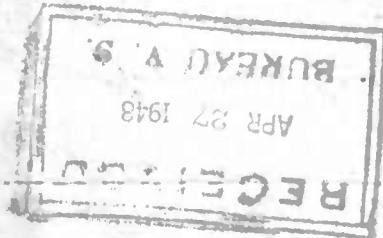
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9-45-15M

(1)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
is especially



Deliver to Mr. Richards

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

04693

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

40 yr

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored married

B. (b) Name of husband or wife.....

Mabel Fox

7. Birth date of deceased (mo., day, yr.)

April 8, 1868. 1868

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

hrs. min.

9. Birthplace.....

Delaware, Wilmington

(Town, county, and state)

10. Usual occupation.....

Retired (Plumber)

11. Industry or business.....

FATHER

12. Name.....

W. N. Brown

13. Birthplace.....

MOTHER

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Mabel Fox

Address

4539 Bonner St

17. Burial, cremation, or removal (Which?)

Date thereof..... April 8" 1948
(month) (day) (year)

Cemetery or crematory..... Washington D.C.

Location..... 1432 York St N.W. D.C.

18. Funeral director.....

Wm. S. Hudson, M.D.

Address

1432 York St N.W. D.C.

19. Date read by registrar

April 8" 1948 Mrs. Jas. Severe

Deputy Social Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Prince George

City or town.....

910 Brewster Rd

Street No.....

4539 Bonner St

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... April 8 1948 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

1945 to now 1947

and that I last saw him alive on Nov 18, 1947

Immediate cause of death.....

Heart failure

Due to..... coronary

Due to..... High blood pressure

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Autopsy results..... Date of op.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

W. S. Hudson, M.D.

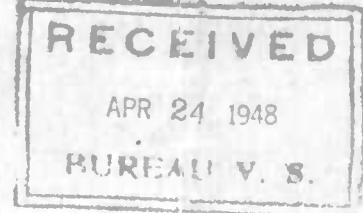
M. D. or other

Address..... Laurel, Md. Date signed..... 4-8-48

RECEIVED

APR 10 1948

BUREAU V. S.



PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04095
93d

Reg. Dist. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH: *Prince George*

County.....

City or town..... *Riversdale, Md.*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *17 hours.*Hospital, institution, or street address where death occurred: *Elmwood Memorial Hosp.*How long in hospital or institution? *17 hours.*

3. (a) FULL NAME

Julius Goldman

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male *White* *Widowed*6. (b) Name of husband or wife *Rose Goldman*
(deceased)

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) *August 7, 1872*8. AGE: Years *75* Months *8* Days *—* If less than one day *hrs. — min.*9. Birthplace *Baltimore, Md.*
(Town, county, and state)10. Usual occupation *Retired*11. Industry or business *Samuel Goldman*12. Name *Samuel Goldman*13. Birthplace *Europe*14. Maiden name *Sarah*15. Birthplace *Europe*16. Informant *Mrs. Bertha Shugar (daughter)*Address *4118-30th St. Mt. Rainier, Md.*17. Burial *Burial*Date thereof *4-9-48*
(month) (day) (year)Cemetery or crematory *Hebrew Friendship Cemetery*Location *Jack Lewis Ave*18. Funeral director *Jack Lewis, Inc.*Address *2100 Eutaw Place*19. *April 7, 1948* *A.W. Hefner*

(Date signed by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County..... *Prince George*City or town..... *Mt. Rainier*

(If outside city or town limits, write RURAL and give nearest town)

Street No..... *4118-30th St*

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 7, 1948 *5:30 P.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *April 6, 1948* to *April 7, 1948* and that I last saw him alive on *April 7, 1948*

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Other conditions *Uremia - Kidneys shutdown* ?*Cardiovascular collapse*

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE *D.S. Blayman, M.D.* M.D. or otherAddress *4118-30th St, Mt. Rainier, Md.* Date signed *4/7/48*

Registrar

PLEASE WRITE PLAINLY, WITH UNRAIDING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04096

FILM No. G 11 APR 23 1948 CERTIFICATE OF DEATH

eP Reg. Distr. No. 231

1. PLACE OF DEATH:

County Prince George's

City or town Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 days

Hospital, institution, or street address where death occurred:

Prince George's General Hosp.

How long in hospital or institution? 16 days

3. (a) FULL NAME

Bertha B. Grimes

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

ASA T. Grimes

7. Birth date of deceased (mo., day, yr.)

11-29-

6. (c) If alive, give age

years

8. AGE:

53

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Dedham, Mass.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

Michael McSorley

Boston, Mass.

Eleanor Jane McDonald

Nova Scotia, Canada

16. Informant

Address

Burial

(Burial, cremation, or removal. Which?)

Date thereof 4/21/48

(month) (day) (year)

Cemetery or crematory Arlington National Cem.

Location Arlington, Va.

18. Funeral director

W.W. Chambers Co.

Address 517-112 St SE

4/19 1948 Amanda Douray

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington, D.C. County

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. 6761 Central Gov. S.E.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 18 1948 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 1947 to April 18 1948

and that I last saw her alive on April 18 1948

Immediate cause of death Carrion of

Cervix

DURATION 1 year

Due to

Due to

Other conditions Post-term vaginal fistula

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

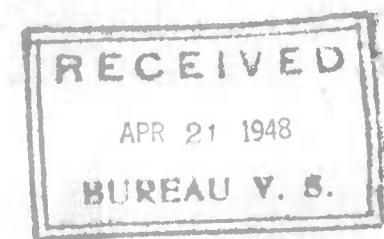
Means of injury

Injured at work?

23. SIGNATURE

William Brannin M. D.

Address Capitol Hgts, Md. Date signed 4/18/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

04697

231

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County... Prince Georges
City or town... Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 hours

Hospital, institution, or street address where death occurred:

Prince Georges Hosp

How long in hospital or institution? 19 hours

3. (a) FULL NAME

Baby Boy Gundersheimer

3. (b) Social Security Number

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) APRIL 23, 1948

6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
19 hrs. 25 min.

9. Birthplace Cheverly, Prince Geo. Co.

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

FATHER 12. Name Eugene Gundersheimer
13. Birthplace Wash. D. C.

MOTHER 14. Maiden name Helen Zeets
15. Birthplace P. Hs Burg, Pa

16. Informant Mother
Address 3310 - 40th Av. Colmar

17. Cremation Date thereof 4/26/48
(Burial, cremation, or removal, Which?)

Cemetery or crematory Prince George General Hospital
Location Cheverly 2nd

18. Funeral director A. P. Beale Sept.

Address Cheverly Ind.

19. (Date rec'd by registrar) 4/28/48

Amanda Dunay

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Md County Prince Georges

City or town... Colman Manor

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3310 - 40th Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 April 1948

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

April 23, 1948, to April 24, 1948

and that I last saw him alive on April 24, 1948

Immediate cause of death

Pneumonia

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

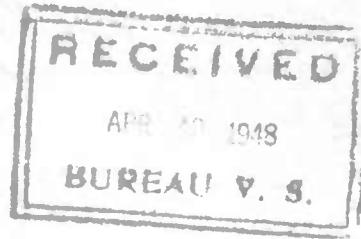
Means of injury

Injured at work?

23. SIGNATURE

Ronald V. Fleischman, M. D. or other

Address 801 - 35th Av. Hyattsville Date signed 4-24-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

169

0400
289

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death

Hospital, institution, or street address where death occurred:

B and O Railroad tracks

How long in hospital or institution?

3. (a) FULL NAME

Fred JOSEPH HAKER

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

single

6. (b) Name of husband or wife

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

JUNE 30, 1914

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

BOWIE ROAD, PG CO, LAUREL, MD.

(Town, County, and state)

10. Usual occupation

U.S. DEPT. AGRICULTURE - FARM EMPLOYEE

11. Industry or business

PLANT INDUSTRY STATION

MOTHER FATHER

12. Name

HENRY A. HAKER

13. Birthplace

HOWARD COUNTY, MD.

14. Maiden name

ELIZABETH OTTER

15. Birthplace

HOWARD COUNTY, MD.

16. Informant

JEROME A. HAKER

Address

LAUREL, MD.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof APRIL 29, 1948
(month) (day) (year)

Cemetery or crematory

ST. MARY'S CHURCH CEMETERY

Location 8TH ST, LAUREL, MD.

18. Funeral director

Arthur Phillips

Address

505 Washington Blvd, Laurel, MD.

19. (Date rec'd by registrar)

1948 M. Brashears

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Bowie

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

april 27

1948

at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...

to 19...

and that I last saw him alive on

19...

Immediate cause of death

Hemorrhage and shock

DURATION

Due to multiple crushing injuries to body

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of 4-27-48

Where did injury occur

BUSHWICK P.R. BLDG.

(City or town)

(State)

Injured at home, farm, industry, public place (where?)

3 + 0 tracks

Means of injury

struck by a train

injured at work

Sleepy medical Examiner

23. SIGNATURE

J. J. HAKER

M. D. or other

Address

FREDERICKSBURG, MD.

Date signed 4-27-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04099

CERTIFICATE OF DEATH

Reg. Dist. No. 243

M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age
I especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Prince Georges
 County.....
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 days
 Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium
 How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1416 Morse Street, N. E.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

HARDING, LORMAN

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife..... Gertrude Curtis Harding
 6.(c) If alive, give age..... 60

7. Birth date of deceased (mo., day, yr.) June 1, 1885

8. AGE: Years 62 Months 62 Days 10 If less than one day 3 hrs. min.

9. Birthplace..... Fredericksburg, Virginia
 (Town, county, and state)

10. Usual occupation..... Public Librarian

11. Industry or business

12. Name	Thadeus Harding
13. Birthplace	Fredericksburg, Virginia

14. Maiden name	Frances Sullivan
15. Birthplace	Fredericksburg, Virginia

18. Informant..... Gertrude Harding, Wife

Address..... 1416 Morse Street, N. E.

17. Burial, cremation, or removal. Which? Removal to Wash. D.C. Date thereof April 4 1948
 (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director..... Tammie Naylor
 Address..... 641 21st St. N.E. (R.R. 1)

18. (Date rec'd by registrar) Apr. 4, 1948. R. Edwards S. Phillips
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 4, 1948, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/23 1948 to 4/4 1948
 and that I last saw him alive on 4/4/48

Immediate cause of death

pulmonary tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

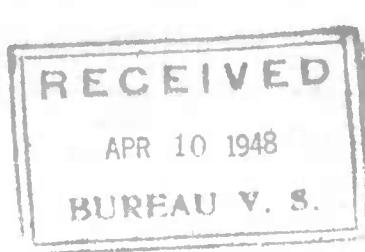
Means of injury

Injured at work?

23. SIGNATURE

Daniel H. Finegan M.D. M. D. or other

Address..... Glen Dale, Md. Date signed..... 4/4/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04160

CERTIFICATE OF DEATH

159
Reg. Dist. No. 245

1. PLACE OF DEATH:

County

Baltimore George County

City or town

Baltimore Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

22 days

Hospital, institution, or street address where death occurred

Bellevue Memorial Hospital

How long in hospital or institution?

22 days

3. (a) FULL NAME

ALAN RALPH

Barney Harper

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

March 31, 1948

6. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day

22 — hrs. — min.

9. Birthplace

Baltimore Maryland

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

MOTHER

12. Name

Ralph Weller Harper

13. Birthplace

Franklin, West Virginia

14. Maiden name

Satheron Ky Snuffer Harper

15. Birthplace

Laytonsville, Maryland

16. Informant

Address 5009 56th Lane, Hyattsville Md.

17. Burial (Burial, cremation, or removal. Which?)

Date thereof April 23, 1948

(month) (day) (year)

Cemetery or crematory evergreen

Location Bladensburg Md

18. Funeral director

F. Goeschel sons

Address Hyattsville Md.

Date rec'd by registrar April 24, 1948 James Berry

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Baltimore George Co.

City or town Hyattsville

Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5009 56th Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr 22 1948 at 7:05

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 31 1948 to Apr 22 1948

and that I last saw him alive on Apr 22 1948

Immediate cause of death

Prematurity
Born at 7 1/2 months gestation

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

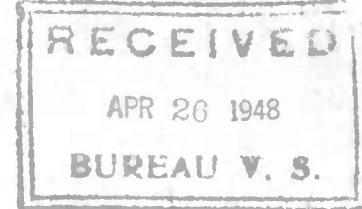
Means of injury

Injured at work?

23. SIGNATURE

L W Malin Jr. M. D. or other

Address Riverdale, Md. Date signed 4-22-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04101

M

CERTIFICATE OF DEATH

Reg. Dist. No. 142

1. PLACE OF DEATH:

County... Prince George

City or town... Bellville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 years

Hospital, institution, or street address where death occurred:

1217-49th Ave.

How long in hospital or institution?

3. (a) FULL NAME

Hannah Jane Hudson

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Charles Robert Hudson

7. Birth date of deceased (mo., day, yr.) May 12, 1873. 6. (c) If alive, give age 83 years

8. AGE: Years 74. Months Days hrs. min.

9. Birthplace... Maryland Prince George County (Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business Home

12. Name... Joseph W. Hudson

13. Birthplace... Ontario Canada

14. Maiden name... Annie Margaret (last name unknown)

15. Birthplace

16. Informant... Chas Robert Hudson

Address 1217-49th Ave, Bellville, Md.

17. Burial Date thereof APRIL 10/48 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CEDAR HILL CEMETERY

Location WASHINGTON, D.C.

18. Funeral director Martin W. Hyungs Co.

Address 1300 - N. St. N.W. Wash. D.C.

19. April 15 1948 (Date rec'd by registrar)

Carrie Campbell Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Bellville (If outside city or town limits, write RURAL and give nearest town)

Street No. 1217-49th Ave. (If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1948 at 3:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 1948 to April 15 1948.

and that I last saw h. 20 alive on April 15 1948.

Immediate cause of death... Senile decay

and this exclusive with

arteriosclerotic heart disease

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

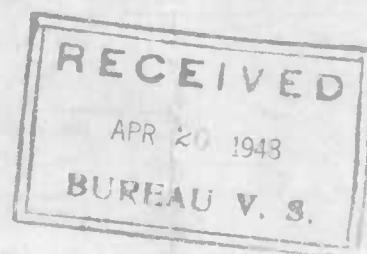
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Brown M. D. or other

Address Capitol Heights, Md. Date signed 4/15/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04102

243

Reg. Dist. No.

1. PLACE OF DEATH:

Prince Georges
County.....Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 mos., 1 day

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 11 mos., 1 day

3. (a) FULL NAME

EMMIE MOORE JACKSON

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Negro

Separated

6. (b) Name of husband or wife

Curtis Jackson

6. (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.)

June 2, 1902

8. AGE:

Years 45

Months 45

Days 10

If less than one day

14 hrs. min.

9. Birthplace

Salters, North Carolina

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

-

MOTHER FATHER

12. Name

Benjamin Moore

13. Birthplace

Salters, North Carolina

14. Maiden name

Nettie Godson

15. Birthplace

Salters, North Carolina

16. Informant

Deceased

Address

17. Burial

Date thereof

(Burial, cremation, or removal. Which?)

April 23 1948
(month) (day) (year)

Cemetery or crematory

Location

Salter's, South Carolina

18. Funeral director

Stewart's Funeral Home

Address

#30 "H" ST. N.E. Wash, D.C.

19. Date rec'd by registrar

1948 Rowland & Phillips

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County

City or town Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. #7 Logan Court, N. W.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr. 16 1948 at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 14, 1947 to Apr. 16, 1948
and that I last saw her alive on Apr. 16, 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

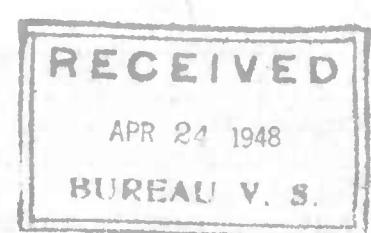
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Glenn Dale, Ma. Date signed 4/16/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04103

CERTIFICATE OF DEATH

131a
Reg. Dist. No. 231

1. PLACE OF DEATH:

Pro Georges
Cheverly Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Prince George's General Hospital

How long in hospital or institution?

3. (a) FULL NAME

David B. Kanoy Sr.

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

male

white

married

6.(b) Name of husband or wife

Eileen Kanoy

7. Birth date of deceased (mo., day, yr.)

Sept 10, 1894

6.(c) If alive, give age years

8. AGE:

Years
53

Months

Days

If less than one day

hrs. min.

9. Birthplace

High Point, N. C.

(Town, county, and state)

President

10. Usual occupation

11. Industry or business

Kanoy Machine Works

William Kanoy

MOTHER FATHER

12. Name

North Carolina

13. Birthplace

McLenn

14. Maiden name

North Carolina

David B. Kanoy Jr.

15. Birthplace

Charlotte, N. C.

16. Informant

Charlotte, N. C.

17. Removal

(Burial, cremation, or removal. Which?)

Date thereof
Sept. 30, 1948
(month) (day) (year)

Cemetery or crematory

Charlotte

Location

North Carolina

18. Funeral director

H. Gasch's Sons

Address

Hyattsville Maryland.

19. (Date rec'd by registrar)

4/30

1948

Amanda Damer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

N. C.

County

Charlotte

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1915 Providence Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

April

28

1948

at 832 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.

19.

and that I last saw h. alive on

19.

Immediate cause of death

Coronary Occlusion

DURATION

Underlying cause

Due to Cardiovacular renal disease

Due to

Other conditions The automobile that he was riding in was in a accident at the time the attack took place

(Cause present within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Deputy Medical examiner

23. SIGNATURE

James J. Bond

M. D. or other

Address Forestville, Md. Date signed 4/28/48

From letter from Dr. Boyd: "I think that the underlying cause of his death was the cardio vascular renal disease. Whether the coronary occlusion was precipitated by the accident and a possible cardiovascular response to danger or was coincidental I cannot say. The facts are as stated above. I think if the accident had not occurred he would not have had the occlusion at that moment." ams. 6-2-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04104

CERTIFICATE OF DEATH

243

Reg. Dist. No.

1. PLACE OF DEATH: Prince Georges
 County.....
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 mos., 4 days
 Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium
 How long in hospital or institution? 5 mos., 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 923 - 9th St., N. E.
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3.(a) FULL NAME

Israel Kaufman

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife..... Hannah Kaufman
 6.(c) If alive, give age..... 80 years

7. Birth date of deceased (mo. day, yr.) June 25, 1875

8. AGE: Years	Months	Days	If less than one day
72	72	9	15 hrs. min.

9. Birthplace..... Russia
 (Town, county, and state)

10. Usual occupation..... Retired Watchman

11. Industry or business.....

12. Name.....	Bernard Kaufman
13. Birthplace	Russia

14. Maiden name.....	Margaret Tistry
15. Birthplace	Russia

16. Informant..... Deceased

Address

17. Removal to Wash. D.C. Date thereof..... 4 9 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director..... B. Dangovsky & Son

Address..... 3501 - 14th St. N.W. Wash. D.C.

19. 4/9 1948 Rose and S. Phillips
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 9 1948 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov 4 1947 to Apr 9 1948

and that I last saw him alive on Apr 9 1948

Immediate cause of death..... Pulmonary Tuberculosis

DURATION..... 5 months

Due to.....

Ous to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

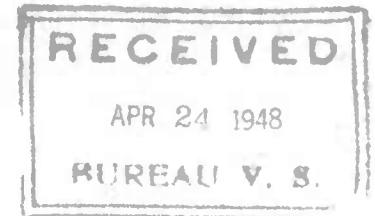
Means of injury.....

Injured at work?

23. SIGNATURE..... Daniel Leo Finegan M.D.

M. D. or other

Address..... Glenn Dale, Md. Date signed..... 4/9/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04195

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County

Prince George's
Bouldard Heights

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

4807 - W Street

How long in hospital or institution?

3. (a) FULL NAME

Delbertius Ketchum

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Hattie Ketchum

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.)

August 15 1876

8. AGE:

Years
71

Months

Days

If less than one day

hrs. min.

9. Birthplace

Pennsylvania

(Town, county and state)

10. Usual occupation

Engineer

11. Industry or business

Oil Tool

rose Ketchum

rose Ketchum

12. Name

rose Ketchum

Pennsylvania

13. Birthplace

Pennsylvania

14. Maiden name

Jane Cleveland

15. Birthplace

Pennsylvania

Hattie Ketchum

Hattie Ketchum

Hattie Ketchum

Hattie Ketchum

16. Informant

Hattie Ketchum

Address

4807 - W Street Brodby

17. Burial

(Burial, cremation, or removal? Which?)

Cemetery or crematory

Glenwood Cemetery

Location

Washington, D. C.

18. Funeral director

J. H. Chambers

Address

517 11th St. S. Wash., D. C.

19. Date rec'd by registrar

April 18, 1948

(Date rec'd by registrar)

Carrie F. Campbell

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Prince Georges

City or town

Bouldard Heights

(If outside city or town limits, write RURAL and give nearest town)

Street No.

4807 - W Street

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

April 18, 1948, at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 19.

and that I last saw h. alive on 19.

Immediate cause of death

Coronary occlusion

DURATION

Due to: Cardiovascular disease

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

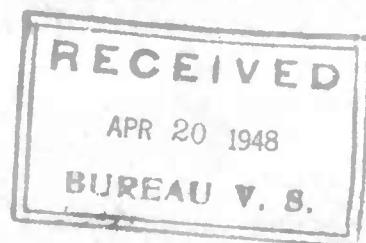
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04106

CERTIFICATE OF DEATH

61
Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George's
City or town Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 days 6 hrs.

Hospital, institution, or street address where death occurred:

Prince George's General Hospital

How long in hospital or institution? 18 days 6 hrs.

3. (a) FULL NAME

Nena Alberta Kieh

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Fem.

W.

M.

6. (b) Name of husband

Thomas Kieh

7. Birth date of deceased (mo., day, yr.)

Sept. 1, 1893

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

Less than one day

54

7

27

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Bey ce

Va

FATHER

12. Name

Boyle

MOTHER

13. Birthplace

Va

14. Maiden name

Clark

Va

15. Birthplace

Va

16. Informant

Thomas R. Kieh

Address

4004 Bladensburg Rd College Park

Burial

Date thereof

4/30/48
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Forest Glen Cemetery

Location

Wash DC

18. Funeral director

George Hauck Co

Address

Briardale - 2nd

19. (Date rec'd by registrar)

4/30 1948

Amanda Dourney

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Cottage City

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4004 - Bladensburg Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

4-27

1948

at 11:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1947 to 4-27 1948

and that I last saw her alive on 4-27 1948

Immediate cause of death Acute pulmonary embolism DURATION

Fatty liver cause unknown 3 hrs.

ase. 2

Due to Myelitis, etiology unknown 8 mos.

Due to

Diabetes

(Include pregnancy within 3 months of death)

Major findings or operations

None

Date of op.

Autopsy results

As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J Murphy Jr

M. D. or other

Address 2014 12th St NW, DC Date signed 4/28/48



PLEASE WRITE PLAINLY, WITH INKADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0410231

245

CERTIFICATE OF DEATH

Reg. Dist. No. 83a

1. PLACE OF DEATH:

County.....

City or town.....

Prince George
Hyattsville Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Sallie Irene Koonce

4. Sex

Female white married

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

George W. Koonce

7. Birth date of deceased (mo., day, yr.)

August 22, 1869

77

years

8. AGE:

Years

Months

Days

If less than one day

78

-

-

hrs.

min.

9. Birthplace.....

(Town, county, and state)

Illinois

10. Usual occupation.....

Housewife

11. Industry or business

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. (Date rec'd by registrar)

4/15/48

1948

Amanda Douray

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

April 14, 1948 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 3, 1947, to April 14, 1948

and that I last saw her alive on April 14, 1948

Immediate cause of death.....

Cerebral Accident

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed 4-15-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04168

105

CERTIFICATE OF DEATH

83a
Reg. Dist. No.

1. PLACE OF DEATH:

County

Prince George's

City or town

Accokeek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Jacob Luther Watson Kremer

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Elizabeth M. Kremer.

7. Birth date of deceased (mo., day, yr.)

Sept. 22. 1873.

6. (c) If alive, give age 68 years

8. AGE:

Years

Months

Days

If less than one day

74

6

16

hrs.

min.

9. Birthplace

Lebanon Church, Md.

(Town, county, and state)

Farmer

10. Usual occupation.

11. Industry or business

Own Farm.

12. Name

Jacob Kremer

13. Birthplace

Winchester, Md.

14. Maiden name

Not Known

15. Birthplace

Highland County, Md.

16. Informant

Floyd Kremer

Address

Accokeek, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 10, 1948
(month) (day) (year)

Cemetery or crematory

Lebanon Church Cemetery

Location

" "

18. Funeral director

Hunt & Lydy

Address

Waldorf, Md.

19. (Date rec'd by registrar)

4-8 1948

M. L. Howard

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Prince George's

City or town

Accokeek

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 8 1948 at 3:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2 1948 to April 8 1948

and that I last saw him alive on April 7 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

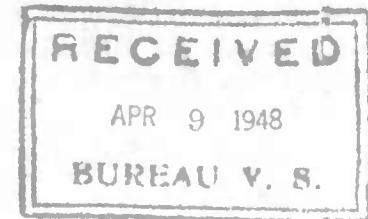
23. SIGNATURE

Franklin Susan L. S. M. D. or other

Address

Indian Head, Md.

Date signed 4-8-48



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

47d

04110

CERTIFICATE OF DEATH

Reg. Dist. No.

242

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

FRANK JOSEPH LOCHBOEHLER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Minnie Lochboehler

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age years

Jan 17 1869

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Washington D.C.

(Town, county, and state)

10. Usual occupation

Brewer - Retired

11. Industry or business

U. S. Navy Yard

12. Name

Nicholas Lochboehler

13. Birthplace

Germany

14. Maiden name

Caroline Buchtold

15. Birthplace

Germany

16. Informant

Minnie Lochboehler

Address

5209 - P. St. Coral Hills Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 16 1948

(month) (day) (year)

Cemetery or crematory

Arlington National

Location

Arlington Va.

18. Funeral director

J. William Peis force Co

Address

360 - 4th St. N. E. Washington, DC.

19. Date rec'd by registrar

Apr. 14 1948

(Date rec'd by registrar)

Carrie J. Campbell

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If usual, give LOCATION)

2. (a) If veteran, name war

(If usual, give LOCATION)

Spanish American

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 14

19 48 at 2:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15 1948 to April 14 1948

and that I last saw him alive on April 13 1948

Immediate cause of death

Carcinoma

(bronchogenic) of lung

DURATION

2-3 years (?)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

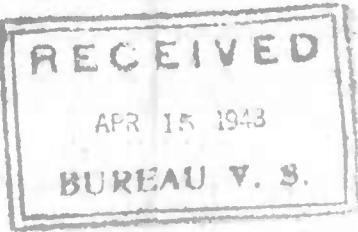
23. SIGNATURE

Address

Capitol Hgts, Md.

M. D. W. Brannin

Date signed 4/14/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04169
170c

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: **Prince George's**
 County: **Berwynn**
 City or town: **Berwynn**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Transient**
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: **Maryland** County: **Baltimore**
 City or town: **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: **Baltimore**
 (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME

William Lopez

4. Sex **Male** 5. Color or race **Colored** 6.(a) Single, married, widowed, or divorced **Single**
 6.(b) Name of husband or wife: _____
 7. Birth date of deceased (mo., day, yr.) **1908**
 6.(c) If alive, give age years
 8. AGE: Years **about 40** Months _____ Days _____ If less than one day
 hrs. _____ min. _____
 9. Birthplace: _____
 (Town, county, and state)
 10. Usual occupation: **Worker**
 11. Industry or business: _____
 12. Name: _____
 13. Birthplace: _____
 14. Maiden name: _____
 15. Birthplace: _____
 16. Informant: _____
 Address: _____

17. Burial (Burial, cremation, or removal. Which?) **Burial** Date thereof **April 22, 1948**
 Cemetery or crematory **Methodist Cemetery** (month, day) (year)
 Location **Bladensburg Md**
 18. Funeral director: **F. Goeche Sonz**
 Address **Clyattsville Md**
 19. (Date rec'd by registrar) **4/22/48** **Amelia Journe** Registrar

3.(b) Social Security Number

578-20-2095

MEDICAL CERTIFICATION

2D. DATE OF DEATH **April 16 1948** at **7:40 AM**21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
 19. _____ to 19. _____

and that I last saw h. _____ alive on 19. _____

Immediate cause of death: **Hemorrhage and shock** DURATION

Due to: **Fracture of the base of the skull**
Fracture of the pelvis
Fracture of both femurs
 Due to: **Compound fracture of both legs**
 six inches above ankles
 Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings of operations: _____

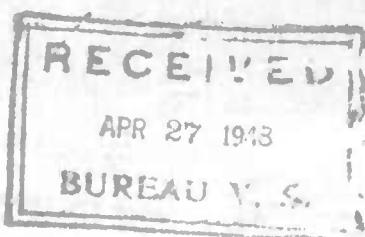
Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide: **Accident** Date of **4/16/48**Where did injury occur? **Berwyn** (City or town) **P. G.** (County) **Md.** (State)Injured at home, farm, industry, public place (where?) **Route # 1**Means of injury **Pedestrian struck by an auto.**

Deputy Medical Examiner
 23. SIGNATURE: **James J. J. Sonz** other
 Address: **Forestville, Md.** Date signed: **4/16/48**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

041280

Reg. Dist. No.

1. PLACE OF DEATH:

Prince Georges

County

Beltsville Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 76 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Russell Magruder

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

male

white

married

6.(b) Name of husband or wife... Madge M. Magruder

7. Birth date of deceased (mo., day, yr.)

December 13, 1871.

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

Less than one day

hrs. min.

9. Birthplace

Beltsville Maryland

(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

Fielder Magruder

13. Birthplace

Maryland

14. Maiden name

Mary Ann Cummings

15. Birthplace

Baltimore Maryland

16. Informant

Mrs Madge Mason Magruder

Address

Beltsville Md.

Burial

Date thereof April 16, 1948

17. (Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory St. John's Cemetery

Location

Beltsville Maryland

18. Funeral director

F. Gasch's Sons

Address

Hyattsville Maryland.

19. April 15th 1948
(Date rec'd by registrar)John D. Smith
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Prince Georges

City or town Beltsville Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1948 19. 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 3 1948 to April 13 1948

and that I last saw him alive on April 13, 1948

Immediate cause of death

Chronic Myocarditis

Due to: Arthur Schowes

Due to: Society

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

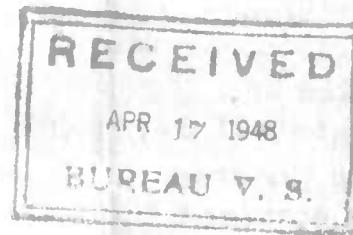
Injured at work?

23. SIGNATURE

M. Allen G. Smith

M. D. ~~mother~~

Address: Bernum, Md. Date signed: 4/13/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04112

93d
Reg. Dist. No. 234

1. PLACE OF DEATH:

MONTGOMERY Prince Georges

County

SUITLAND MD.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 MONTHS

Hospital, institution, or street address where death occurred:

SONS HOME

How long in hospital or institution? - - - - -

3. (a) FULL NAME

ROBERT GRAY MEDLIN.

3. (b) Social Security Number

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

WIDOWED.

6. (b) Name of husband or wife

ANNIE BRONTE

6. (c) If alive, give age - - - years

7. Birth date of

deceased (mo., day, yr.)

APRIL 1, 1876

deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

72 0 17 - hrs. - min.

9. Birthplace

BROWNSVILLE, TENNESSEE

(Town, county, and state)

10. Usual occupation

RETIRED

11. Industry or business

12. Name ROBERT MEDLIN

13. Birthplace UNKNOWN U.S.A.

14. Maiden name

CANNOT BE LEARNED

15. Birthplace

UNKNOWN U.S.A.

16. Informant

Will C. Medlin. Son.

Address

745 S. 23 RD. ST. ARLINGTON, VA.

17. BURIAL

Date thereof APRIL 21, 1948

(Burial, removal, or removal. Which?)

(month) (day) (year)

Cemetery or crematory NATIONAL CEMETERY

Location FORT SMITH, ARKANSAS

18. Funeral director

Walter E. Fitzgerald

Address Arlington, Virginia

April 17, 1948 Hand & Reed

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ARKANSAS

County SEBASTIAN

City or town FORT SMITH

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. #1 FREE FERRY DRIVE

(If rural, give LOCATION)

2.(a) If veteran, name war SPANISH WAR.

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 17, 1948, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 16, 1948, to April 16, 1948

and that I last saw him alive on April 16, 1948

Immediate cause of death

Arteriosclerotic Heart disease

DURATION

4.5 yrs.

Due to Generalized arteriosclerosis

Due to

Other conditions Rheumatoid arthritis

15 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

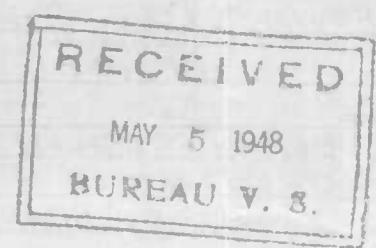
Injured at work?

23. SIGNATURE

Frank S. Pellegrini M. D. or other

3409 Alab. Av., N.E. Date signed 4/17/48

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The best age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04113

162-6
239

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

County Prince George's
City or town Laurel

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since April 29 1945 - 3 yrs

Hospital, institution, or street address where death occurred:

Laurel SanitariumHow long in hospital or institution? 3 yrs.

3. (a) FULL NAME

EDWARD Minor

3. (b) Social Security Number

4. Sex

5. Color or race M W Widower

6. (a) Single, married, widowed, or divorced

B. (b) Name of husband or wife C. ANNA MINOR

NEC DUCKETT

7. Birth date of deceased (mo., day, yr.) March 14 1858

6. (c) If alive, give age

years

8. AGE: Years 90 Months 1 Days 5 If less than one day 6 hrs. 15 min.9. Birthplace Richmond Co. Virginia

(Town, county, and state)

10. Usual occupation Minister - Baptist

11. Industry or business

12. Name Minor, Reader13. Birthplace Richmond Co. Virginia14. Maiden name Moody, Malissa15. Birthplace Virginia16. Informant Dr. J. C. Coggins

Address

17. BURIAL Date thereof 4/23/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Loudon ParkLocation BALTIMORE, MD18. Funeral director W.M. T. TICKNER & SONSAddress BALTIMORE, MD19. April 22 1948 A. W. DeLoach
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CecilCity or town Elkton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 211 E. Main St

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1948 at 5:45 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 29 1945 to April 20 1948 and that I last saw him alive on April 20 1948

Immediate cause of death

Myocardial failure

DURATION

6 weeksDue to Senility

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

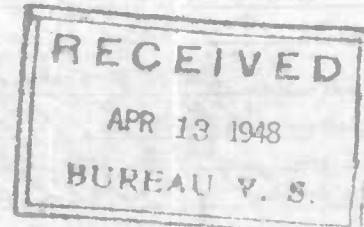
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Dr. J. C. Coggins M. D. or otherAddress Laurel Sanitarium Laurel Date signed Apr. 20. 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

04115

CERTIFICATE OF DEATH

Reg. Diat. No. 242

1. PLACE OF DEATH:

County

Priscilla Georges

City or town

Seat Pleasant

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

7 years

Hospital, institution, or street address where death occurred:

7801-Walkers Mill Road

How long in hospital or institution?

3. (a) FULL NAME

Vivie L. March

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

May 21 1891

8. AGE:

Years 56

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

12. Name

Vivie March

13. Birthplace

Virginia

14. Maiden name

Phoebe Ann Shenk

15. Birthplace

Virginia

16. Informant

Mrs. Claude Smith

Address

Luray, Va

17. Burial

Burial

(Burial, cremation, or removal. Which?)

Date thereof April 18, 1948

(month) (day) (year)

Cemetery or crematory

Luray, Virginia

18. Funeral director

Jewell F. Birch's Sons

Address

3034-M St., N.W. - Wash., D.C.

19. (Date rec'd by registrar)

April 16, 1948

(Date rec'd by registrar)

Carrie F. Campbell

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Seat Pleasant

(If outside city or town limits, write RURAL and give nearest town)

Street No. 7801-Walkers Mill Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1948, at 10:30p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. . . . to 19. . . .

and that I last saw h. . . . alive on 19. . . .

Immediate cause of death

Congestive heart

failure

Due to Cardiac muscular renal

disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Kleptically needle

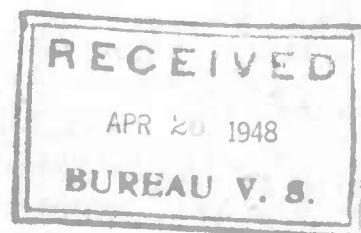
Furnished by

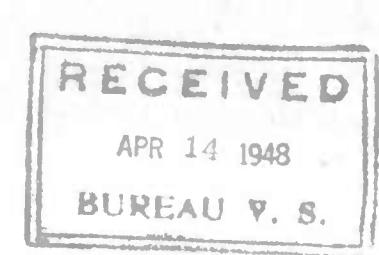
M. D. or other

Address

Furnished by Date signed 4-15-48

••
Mrs Campbell
405-61 ave





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04116

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County

Punxsutawney

City or town

Hyattsville

How long in above place of death?

6 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles August Ogle

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

Married

Mary Madeline

6. (b) Name of husband or wife

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo. day, yr.)

Aug. 27, 1893

8. AGE: Years Months Days

11 less than one day

64 6 18

hrs.

min.

9. Birthplace

Frederick Co. Md.

(Town, county, and state)

10. Usual occupation

Ticket Agent

11. Industry or business

B&O Railroad

MOTHER FATHER

12. Name

John Ogle

13. Birthplace

Frederick Co. Md.

14. Maiden name

Rebecca Madeline

15. Birthplace

Fred Co. Md.

16. Informant

Mrs. Chase W. Ogle

Address

5221 42nd place, Hyattsville, Md.

17. (Burial, cremation, or removal. Which?)

Burial Date thereof Apr. 17, 1948

(month)

(day)

(year)

Cemetery or crematory

Mt. Olivet Cem.

Location

Frederick Md.

18. Funeral director

A. B. Etchison & Son

Address

Frederick, Md.

19. (Date rec'd by registrar)

April 15, 1948 Mrs. J. S. Severe
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

City or town

Hyattsville Punxsutawney

(If outside city or town limits, write RURAL and give nearest town)

Street No.

5221-42 place

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

705-10-2511

46

MEDICAL CERTIFICATION

2D. DATE OF DEATH

April 15 1948

48

7

9

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 to April 15 1948

48

10

and that I last saw him alive on April 15 1948

48

19

Immediate cause of death

Myocardial

DURATION

1 yr

Due to Hypertension

6 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Leonard Hay

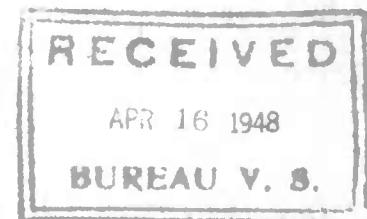
M. D. or other

Address

Hyattsville, Md.

Date signed

4-15-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04117

231

Reg. Dist. No.

1. PLACE OF DEATH:

County... Prince George's
City or town... Cheverly
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 1/2 hours

Hospital, Institution, or street address where death occurred:

Prince George's General Hospital

How long in hospital or institution? 4 1/2 hours

3. (a) FULL NAME

J. Franklin Peach

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

W

widowed

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo. day, yr.)

7-9-1875

8. AGE:

Years

Months

Days

If less than one day

72

9

5

hrs.

min.

9. Birthplace.....

Maryland

(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business

12. Name..... Dr. John Peach

13. Birthplace..... Md.

14. Maiden name..... Caroline Hamilton

15. Birthplace..... Md.

16. Informant..... Hendon Peach

Address..... Mitchelville, Md.

17. Burial..... April 7, 1948

(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)

Cemetery or crematory..... Mt. Oak

Location..... Mitchelville, Md.

18. Funeral director..... Clarence Foreacre

Address..... Mitchelville, Md.

19. 4/5 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Prince George's

City or town..... Mitchelville
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 4 1948 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 3 1948 to April 4 1948

and that I last saw him alive on April 4 1948

Immediate cause of death.....

Coronary Thrombosis DURATION 2 days

Due to..... Arteriosclerosis 10 yrs

Due to.....

Other conditions..... Secondary Anemia 6 months

(Include pregnancy within 8 months of death)

Major findings or operations..... none

Date of op.

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

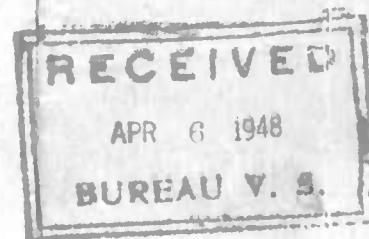
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... James F. Sasser M. D. or other

Address..... Upper Marlboro, Md. Date signed..... 4-4-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04118
Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges

City or town..... Glenn Dale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr., 9 mos., 29 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 1 yr., 9 mos., 29 days

3. (a) FULL NAME

MARY F. PEOPLES

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Negro	Separated

6. (b) Name of husband or wife..... Fred Peoples

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 22, 1918

8. AGE: Years	Months	Days	If less than one day
29	29	7	5
			hrs. min.

9. Birthplace..... Newberry, South Carolina
(Town, county, and state)

Maid

10. Usual occupation.....

11. Industry or business.....

12. Name.....	George W. Baxter
13. Birthplace	Newberry, South Carolina

14. Maiden name.....	Anna J. Richardson
15. Birthplace	Newberry, South Carolina

16. Informant..... Deceased

Address.....

17. Removal	Date thereof..... Apr. 27, 1948
(Burial, cremation, or removal. Which?)	(month) (day) (year)

Cemetery or crematory.....

Location..... to Washington, D.C.

18. Funeral director..... Ernest Jarvis Co.

Address..... 1432 York St., N.W. Washington

Apr. 27, 1948

Rowland S. Phillips

Registrar

19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....

City or town..... Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 947 Rhode Island Avenue, N. W.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

- - -

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Apr. 27, 1948, at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28, 1946, to Apr. 27, 1948, and that I last saw her alive on Apr. 26, 1948.

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION

2 yrs 11 mo.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

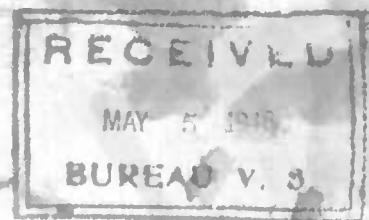
Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Glenn Dale, Md., Date signed..... Apr. 27, 1948



RECEIVED

MAY 5 1918

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04119

CERTIFICATE OF DEATH

Reg. Date. No. 231

1. PLACE OF DEATH:

County Baltimore
City or town Sunny Brook
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

5500 Olden Road

How long in hospital or institution?

3. (a) FULL NAME

David Thompson Porterfield

4. Sex

Male | White | Single

6. (b) Name of husband or wife

6. (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.)

Feb 17, 1984

8. AGE: Years 14 Months | Days | If less than one day

. hrs. . min.

9. Birthplace

(Town, county, and state) Grove City Pa

10. Usual occupation

Student

11. Industry or business

Sharyl J. Porterfield

MOTHER FATHER

Sharyl J. Porterfield

13. Birthplace

Emelton Pa

14. Maiden name

alma Thompson

15. Birthplace

Grove City Pa

16. Informant

Sharyl J. Porterfieldsunny brook Md.

Address

Burial Date thereof April 28, 1984

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

St. Lincoln

Location

Washington D.C.

18. Funeral director

Z. Gascho Sons

Address

Hagerstown Md.

19. Date rec'd by registrar

April 23, 1984

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Sunny Brook (If outside city or town limits, write RURAL and give nearest town)Street No. 5500 Olden Road (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1984 at 9:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on

Immediate cause of death

AsphyxiaDue to Hanging

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

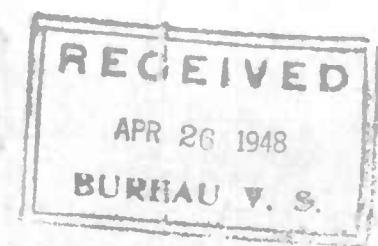
Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to External causes, fill in the following:

Accident, suicide, or homicide Hanging Date of 4-28-84Where did injury occur Sunny Brook (City or town) P.O. Box (County) MD (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Hanged self Injured at work?Deputy medical Examiner Deputy medical Examiner23. SIGNATURE John J. Thompson M. D. or other John J. ThompsonAddress Hagerstown Md. Date signed 4-28-84

(Date signed)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0412
342

Reg. Dist. No. 342

M
9
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15

1. PLACE OF DEATH:

County Prince George
City or town Temple Hills, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs
Hospital, institution, or street address where death occurred: none

Now long in hospital or institution? —

3. (a) FULL NAME

Albert Prevost.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m w. married

6. (b) Name of husband or wife Julia Kaseba Prevost

7. Birth date of deceased (mo., day, yr.)

Sept 18 1882
63 years
6. (c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

65
hrs. min.

9. Birthplace

Washington, DC

(Town, county, and state)

10. Usual occupation

Formerly a Cabinet Maker.

11. Industry or business

U.S. Government.

12. Name

Albert Prevost

13. Birthplace

France

14. Maiden name

Louisa Duxington

15. Birthplace

Maryland

16. Informant

Julia L. Prevost.

Address

Temple Hills Road, Washington 20009

17. Burial

Burial Date thereof Apr 10/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Cedar Hill

Location

Surfside Md.

18. Funeral director

New Chambers Co.

Address

517-11 St NE

19. Date rec'd by registrar

April 17 1948

Carrie F. Campbell

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgeCity or town Temple Hills, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 4935 Temple Hills Road SE
(If rural, give LOCATION)2.(a) If veteran, name war World War #1215 Marine

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1948 at 3:30 PM21. I CERTIFY that death occurred on the date above stated, that I attended deceased from April 16 1948 to April 17 1948, and that I last saw him alive on April 16 1948.

Immediate cause of death

Carcinoma of Prostate with metastasis

Date of

DURATION

5410

Date

Secondary Anemia unknown

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

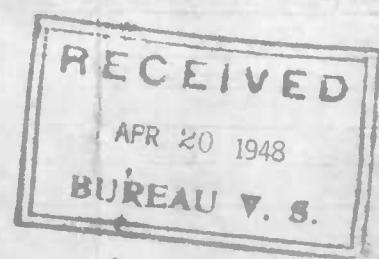
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? City or town County (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?23. SIGNATURE Paul C. Van Hatt M. D. or PhysicianAddress Washington 19 DC Date signed April 17 1948



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLEASLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

157e

04121

242

Registration Dist. No.

1. PLACE OF DEATH

County

St. George

Village or City

Chadmore

No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: N.

Judith Lippisch Lichtenberg, U. S. Veteran, specify WAR

Marnie Hommel Orlando Childress Ward 2313-9 Quantico, Virginia

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb 17, 1947

7. AGE

1

Years

Months

2

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Quantico, Va

13. NAME
Marnie Hommel14. BIRTHPLACE (city or town)
(State or country)

Somerville, N.J.

15. MAIDEN NAME

Audrey J. Gering

16. BIRTHPLACE (city or town)
(State or country)

Richmond, Va

17. INFORMANT

(Address)

Mrs. Marnie
Chadmore

18. BURIAL, CREMATION, OR REMOVAL

Place

Burial
Richmond, Va.

Date 4-19-1948

19. UNDERTAKER

(Address)

The S. H. Jones Co.
2901-14th St. N.W.

20. FILED

Date

4/17/1948 Amanda Dooley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

17

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 3rd 1947 to April 17, 1948
I last saw her alive on April 16, 1948; death is said
to have occurred on the date stated above, at 7:25 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Ge. Pneumonia
Congenital heartDate of onset
1948-04-16

birth

Other contributory cause of importance:

It has had a marked
respiratory difficulty since
birth

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

John J. Maloney M. D.
Cemetery - Hyattsville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

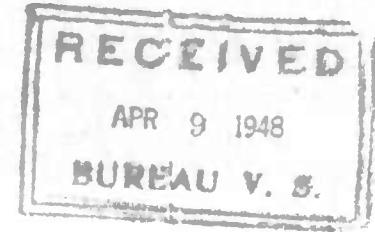
The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	APR 2 1928
Run over by street car	APR 2 1928
Peritonitis	APR 28 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

31a

04123

Reg. Dist. No. 242

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County PRINCE GEORGE'S
City or town CAPITOL HEIGHTS

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

6121- C - STREET

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 YEARS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND

County PRINCE GEORGES

City or town CAPITOL HEIGHTS

Ward No.

Street No. 6121-C - STREET

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

MYRA LUCRETIA READ

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

FEMALE

WHITE

MARRIED

6 (b) Name of husband or wife

CARL EDWIN READ

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.)

JANUARY 5, 1882

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

66

3

15

9. Birthplace

GERMAN

NEW YORK

(Town, county, and state)

10. Usual occupation

HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name CHARLES CLINTON

NEW YORK.

13. Birthplace

14. Maiden name EMMA FOSGATE

NEW YORK

15. Birthplace

16. Informant

CARL EDWIN READ

Address 6121-C- ST, CAPITOL HEIGHTS, MD.

17. BURIAL

Date thereof APRIL 22, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

MAPLE GROVE

Location SMITHVILLE FLATS, NEW YORK.

Harry L. Dye

18. Funeral director

Address 1009-H- ST, N.W. - WASHINGTON D.C.

19. Date rec'd by registrar

Apr. 21 - 1948 E. F. Collins

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 20,

1948, at 7:48 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 - 1948 to April 20 - 1948, and that I last saw her alive on April 18 - 1948.

Immediate cause of death

DURATION

Stroke Cranial hemorrhage 5 days
Due to Cardiopneumonitis general disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James D. Boyd
Westfall, Kelly
D. or other
Date signed 4-20-48

Wm. E. Collins
340 Marlboro Rd.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death cleanly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04124

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George's

City or town Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 days

Hospital institution, or street address where death occurred:

Prince George's General Hospital

How long in hospital or institution? 9 days

3. (a) FULL NAME

Henry J. Ritterbusch

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

Married Widowed.

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

2-13-1861

8. AGE:

Years

Months

Days

If less than one day

87

2

2

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Retired.

11. Industry or business

MOTHER FATHER

12. Name

Henry Baltimore

13. Birthplace

Elizabeth

14. Maiden name

not known

15. Birthplace

not known

16. Informant

Mrs. Margaret Edge

Address

Riverdale MD

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4/22/48

(month) (day) (year)

Cemetery or crematory

Oaklawn

Location

7225 Eastport Rd

18. Funeral director

Elvina F. Hoffmann

Address

1639 Broadway

19. Date rec'd by registrar

April 21, 1948

(Date rec'd by registrar)

A. W. Hoffmann

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Prince George's

City or town Riverdale

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4603 - Riverdale Rd

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18

1948, at 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec

1948, to April 18, 1948

and that I last saw him alive on April 17, 1948

Immediate cause of death

Bronchopneumonia

DURATION

9 days

Due to

Due to

Other conditions Cerebral arteriosclerosis

Generalized arteriosclerosis

years.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Aaron Deitz, M.D.

See L. C. Deitz, M.D.

M. D. or other

Address

4314 Gaithers St

Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04125

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

Prince Georges
County.....Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year, 26 days

Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium

How long in hospital or institution? 1 year, 26 days

3. (a) FULL NAME

SAMUEL ROBERT

4. Sex

5. Color or race 6. (a) Single, married, widowed, or divorced
Male White Single

6. (b) Name of husband or wife - - -

7. Birth date of deceased (mo., day, yr.) October 10, 1900

8. AGE: Years Months Days If less than one day
47 47 6 14 hrs. min.9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual occupation Sheetmetal Worker

11. Industry or business - - -

12. Name William P. Robert

13. Birthplace Washington, D. C.

14. Maiden name Sarah Kavanaugh

15. Birthplace ? Ireland

16. Informant Deceased

Address

17. Removal Date thereof April 25, 1948
(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location Washington, D. C.

18. Funeral director Timothy Hanlon Funeral Home

Address 641-H St. N.E., Wash., D. C.

19. Apr. 25, 1948 Rowland & Phillips
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County

City or town Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1319 Pennsylvania Avenue, S. E.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

577-26-7552

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24

1948, at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 28, 1948, to April 24, 1948

and that I last saw him alive on April 24, 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

5 yrs 9 mos

Due to

Due to

Other conditions

(include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

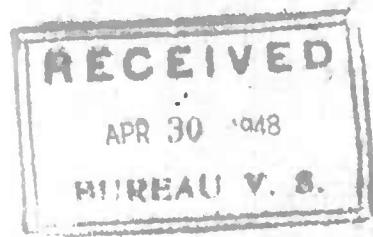
Injured at work?

23. SIGNATURE Daniel Leo Finegan, M.D.

M. D. or other

Address Glenn Dale, Md.

Date signed 4/24/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04126

CERTIFICATE OF DEATH

Reg. Dist. No. 245

93d

1. PLACE OF DEATH:

County Prince George's
 City or town Hyattsville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2.3 hrs

Hospital, institution, or street address where death occurred:

Deland Memorial Hospital

How long in hospital or institution? 2.3 hrs

3. (a) FULL NAME

Fred Morgan Saurin

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife Kathleen Hubbard

Saurin

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

Feb. 4-1878

8. AGE: Years 70 Months 2 Days 26 If less than one day hrs. min.

9. Birthplace Winchendon, Mass.

(Town, county, and state)

10. Usual occupation Mechanical Engr.

11. Industry or business

12. Name Charles Saurin

13. Birthplace Montague, Mass.

14. Maiden name Nettie Morse

15. Birthplace

16. Informant Mrs. Margaret Burton

Address 4106 Longfellow St. Hyattsville

Burial Date thereof May 3, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Peter's

Location Washington, D.C.

18. Funeral director Z. L. Jackson

Address Hyattsville, Md.

19. Date rec'd by registrar May 3, 1948 Mrs. Jas. L. Severe

Registrar Deputy Clerk

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince George's

City or town Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4006 Longfellow St.

(If rural, give LOCATION)

2. (a) If veteran, name war

name

3. (b) Social Security Number

214-07-0437

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1948, at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27, 1948, to April 30, 1948,

and that I last saw him alive on April 30, 1948.

Immediate cause of death

Chronic congestive heart failure

DURATION

5 yrs

Due to atrioseptal heart disease

10 yrs.

Due to

Other conditions bronchial asthma

10 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

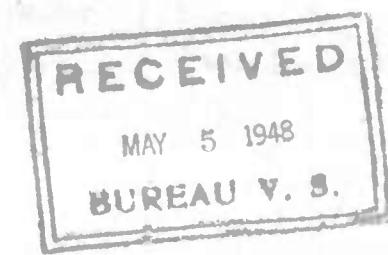
Injured at work?

23. SIGNATURE

St. P. Schorffberg, M.D. or other

Address 4404 Newbury Rd. Hyattsville, Md. Date signed May 1, 1948

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

138
04127
243

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Prince Georges

City or town..... Glenn Dale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 3 mos., 9 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution?..... 3 mos., 9 days

3. (a) FULL NAME

ELIZA BELLE SCOTT

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

Negro

Separated

6.(b) Name of husband or wife.....

Sabbie Scott

6.(c) If alive, give age..... 45 years

7. Birth date of deceased (mo. day. yr.)

March 5, 1906

8. AGE:

Years

Months

Days

If less than one day

42

42

1

11

.....hrs.

.....min.

9. Birthplace.....

Hookerton, North Carolina

(Town, county, and state)

10. Usual occupation.....

Domestic

11. Industry or business.....

12. Name.....

Theaphilus Hooker

13. Birthplace.....

Hookerton, North Carolina

14. Maiden name.....

Mamie Dixon

15. Birthplace.....

Hookerton, North Carolina

16. Informant.....

Deceased

Address

17. removal

Date thereof.....

Apr. 17, 1948
(month) (day) (year)

Cemetery or crematory.....

Washington, D. C.

Location.....

R. N. Horton

18. Funeral director.....

Address 1322 - U. St. N.W., Washington D.C.

19. 4-17-1948 Rowland S. Phillips
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....

City or town..... Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 224 R. Street, N. E.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

Apr. 16, 1948, at 7:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 6, 1948, to Apr. 16, 1948, and that I last saw her alive on Apr. 16, 1948.

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION

5 mo.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

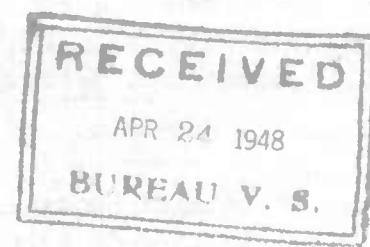
Injured at work?.....

23. SIGNATURE.....

M. D. or other

Address.....

Glen Dale, Md., Date signed 4/16/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04128

739

1. PLACE OF DEATH

County

Prince George County

City or town Laurel, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 days

Hospital, institution, or street address where death occurred:

Harriet Hospital

How long in hospital or institution?

3. (a) FULL NAME

Bertha M. Sellers

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

George T. Sellers

7. Birth date of

deceased (mo., day, yr.)

1894

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

74 5 hrs. min.

9. Birthplace

Barto-County - Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Louis Leibel

MOTHER FATHER

12. Name

Barto - Md.

13. Birthplace

Barto - Md.

14. Maiden name

Sarah L. Mullen

15. Birthplace

Barto - Md.

16. Informant

Geo. T. Sellers

Address

Laurel - Md - R.F.D. #1

17. Burial

Date thereof Aug - 9 - 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Union Cemetery

Location

Buxtonville - Md

18. Funeral director

J. Arthur Wallace

Address

505 - Laurel Blvd. Laurel

19. (Date rec'd by registrar)

April 8 1948 M. Bradburn

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland - County Prince George Co.

City or town Laurel - Md. (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr 7

1948 at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 7 1948 to Apr 7 1948

and that I last saw her alive on Apr 7 1948

Immediate cause of death Myocardial failure DURATION

Hypertension Cardi - 4 days

Muscular disease 10 yrs

Due to Hypertension 15 yrs

Due to

Other condition Terminal pneumonia 2 days

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

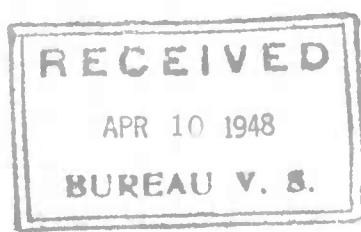
Injured at work?

23. SIGNATURE

M. D. or other

Address

Laurel, Md Date signed Apr 8 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

04129
243

1. PLACE OF DEATH:

County..... Prince Georges

City or town..... Glenn Dale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 2 mos., 6 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution?..... 2 mos., 6 days

3. (a) FULL NAME

LEROY SIMMONS

4. Sex

5. Color or race

8. (a) Single, married, widowed, or divorced

Male

Negro

Married

6. (b) Name of husband or wife.....

Mamie Simmons

6. (c) If alive, give age..... 46 years

7. Birth date of deceased (mo., day, yr.)

March 6, 1902

8. AGE:

Years

Months

Days

If less than one day

46

46

1

14

hrs.

min.

9. Birthplace..... Dale, South Carolina

(Town, county, and state)

10. Usual occupation.....

Laborer

11. Industry or business.....

MOTHER

FATHER

12. Name..... Jake Simmons

13. Birthplace..... South Carolina

14. Maiden name..... Emma Stoney

15. Birthplace..... South Carolina

16. Informant.....

Deceased

Address.....

Removal

17. (Burial, cremation, or removal. Which?)

Date thereof..... April 20, 1948

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director..... Frayier Funeral Home

Address..... 389 Rhode Island Ave. N.W. Wash. D.C.

19. (Date rec'd by registrar)..... Apr. 20, 1948 Rowland S. Phillips

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

D. C.

County.....

Washington

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

107 D. Street, N. W.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

230-09-3494

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

April 20

19. 48, at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 13

18. 48

to April 20 18. 48

and that I last saw him alive on April 19 18. 48

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION

5 months

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE..... Daniel P. Licicane M.D.

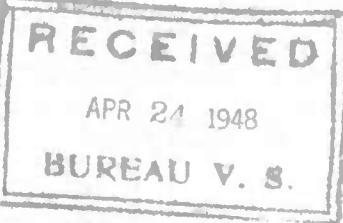
M. D. or other

Address.....

Glenn Dale, Md. April 20, 1948 Date signed.....

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04130

CERTIFICATE OF DEATH

170C

238

Reg. Dist. No.

M

PLEASE WRITE PLAINLY, WITH UNADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County

Prince Georges

City or town

Aberdeen (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, institution, or street address where death occurred:

8191 Swington Road

How long in hospital or institution?

3. (a) FULL NAME

Rose Mary Thorne

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

March 30, 1938

6. (c) If alive, give age years

8. AGE:

Years Months Days

11 less than one day

10

hrs. min.

9. Birthplace

Washington, DC

(Town, County, and state)

10. Usual occupation

Student

11. Industry or business

Williams Thorne

12. Name

Mary J. Thorne

13. Birthplace

Maryland

14. Maiden name

Rosey Hamilton

15. Birthplace

Washington, DC

16. Informant

Rosey Thorne

Address

8191 Swington Road, Aberdeen

17. Burial

Date thereof April 7, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Fort Lincoln Cemetery

Location

Maryland

18. Funeral director

Arthur E. Simmons

Address

2007 Nichols Ave. S.E.

19. Date rec'd by registrar

April 5, 1948

19

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Prince George

City or town

Silsbee (If outside city or town limits, write RURAL and give nearest town)

Street No.

8191 Swington Road (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 5, 1948, at 8:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

19.

and that I last saw him alive on

19.

Immediate cause of death

Nasopharyngeal

Shock

Fracture of base of

skull

Crushed chest

DURATION

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of 4-5-48

Where did injury occur? Silsbee (City or town) P. Co. Maryland (State)

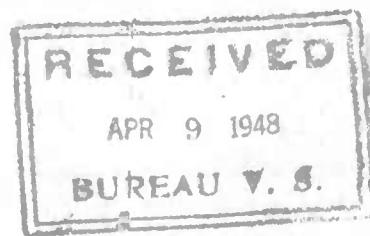
Injured at home, farm, industry, public place (where)

Cause of injury: falling from a height (method)Injury to: head (part)Severity: deadly (degree)Medical care: given (name)Address: Residence (Address)

M. D. or other

Date signed 4-5-48

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04131

CERTIFICATE OF DEATH

Reg. Dist. No. 142

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Capital, Institute, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sex

Color or race

(a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

(c) If alive, give age years

8. AGE:

Years

Month

Days

Less than one day

hrs. 20

9. Birthplace

KENTUCKY

(Town, county, and state)

10. Usual occupation

LABOR

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

BETTY, BENY F

Address

6620 MARLBORO PKW

17. Removal

Date thereof Apr. 21-48

(month) (day) (year)

Cemetery or crematory

Washington D.C.

Location

Matthew Whiting Co.

18. Funeral director

Address 1300 N ST NW WASHINGTON

Apr. 21 1948

(Date rec'd by registrar)

Carrie F. Campbell

Registrar

2. USUAL RESIDENCE (HOME) OF DECEDENT:

(For newborn infants, give residence of mother)

State

Maryland

County

City or town

Columbia Park Md

Street No.

Columbia Woods on Columbia Park

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 21 1948

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

April 21 1948 to April 21 1948

end that I last saw deceased alive on April 21 1948

Immediate cause of death

Cardio Renal Disease

Cerebral

Pulmonary Edema

24h

DURATION

1410

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 23 1948

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

157a
Reg. Dist. No. 245

04132

1. PLACE OF DEATH:

County *Baltimore*
City or town *Mt. Pleasant*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *7 weeks*

Hospital, institution, or street address where death occurred:

2209 - Perry Street

How long in hospital or institution?

3. (a) FULL NAME

Stephen Treadaway

4. Sex

male white Single

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Feb 12, 1948

8. AGE:

Years *1* Months *26* Days *1* If less than one day *hrs. 0 min.*

9. Birthplace

Washington, D.C.
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

Joseph S. Treadaway

MOTHER FATHER

*Joseph S. Treadaway**District of Columbia**Virginia W. Wunderlich**Pennsylvani**Joseph S. Treadaway**4220 26 Place A.C., Washington**Bureau**Date thereof: 4-6-48**(month) (day) (year)**Burial, cremation, or removal. Which?**Fort Lincoln Cemetery**Location: Wash. D.C.**Funeral director: W.W.C. Funeral Service**Address: 2112 1/2 Charles St., Baltimore**Date rec'd by registrar: Apr. 6, 1948**Registrar: James D. Treadaway**1948*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

*District of Columbia*City or town *Washington*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *4220 26 Place A.C.*

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 5, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on 19.

Immediate cause of death

Exhaustion

DURATION

Due to: Spina bifida and hydrocephalus

Due to:

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

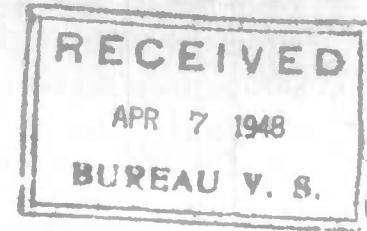
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

*Replay medical Examiner*23. SIGNATURE *James D. Treadaway* M. D. or otherAddress *2112 1/2 Charles St., Baltimore* Date signed *4-5-48*





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

151a

04133 265
Reg. Distr. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

Dr. Geo. C.

City or town

Mr. Rainey, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

1 day

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nellie May Truett

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

Robert F. Truett

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age

years

Jan 8 - 1868

8. AGE:

Years
80

Months

Days

If less than one day

. hrs. . min.

9. Birthplace

Washington, D.C.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Metcalfe

13. Birthplace

Wash. D.C.

14. Maiden name

Underwood

15. Birthplace

Wash. D.C.

16. Informant

J.W. Stewart

Address

3821 - Smith 8th Ave. N.W.

Burial

Cremation

Date thereof. 4-7-9-18

(Month/Day/Year)

Cemetery or crematory

Art. Neil Cemetery

Location

Ard. Va.

18. Funeral director

W.W. Hawkes &

Address

Riversdale - Md

19. April 28 1948 James Berry

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Dr. Geo. C.

City or town

Mr. Rainey

(If outside city or town limits, write RURAL and give nearest town)

Street No.

3203 - Perry St.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

4-7-6

1948 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 15 1948 to April 26 1948

and that I last saw her alive on

1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Cerebral Hemorrhage

6

Due to

Cerebral Hemorrhage

1

Other conditions

Hypertension & cerebral hemorrhage

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Wesley Brody, M.D.

M.D. or other

Address

3821 Myrtle

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04134

CERTIFICATE OF DEATH

231

Reg. Dist. No. 131a

1. PLACE OF DEATH:

County Prince George

City or town Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 hrs. 20 min.

Hospital, institution, or street address where death occurred:

Prince Georges General

How long in hospital or institution? 14 hrs. & 20 min.

3. (a) FULL NAME

Waldemar Werber

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6. (b) Name of husband or wife.

6. (c) If alive, give age .. years

7. Birth date of deceased (mo. day, yr.)

Oct. 3 1879

8. AGE: Years	Months	Days	If less than one day
68	5	29	hrs. min.

9. Birthplace South Carolina

(Town, county, and state)

10. Usual occupation Insurance agent

11. Industry or business Mass. Casualty Ins. Co.

12. Name Frederick Werber

13. Birthplace Newbury St

14. Maiden name F. Roach

15. Birthplace Georgia

16. Informant Frederick S. Werber

Address 8010 50th and Berwyn Ave

17. Burial Date thereof April 13 1848

(Burial, cremation, or removal. Which?)

Cemetery or crematory Fort Lee Cemetery

Location Bladensburg Md

18. Funeral director D. Hayes Co.

Address 2901 14th St N.W.

19. Date rec'd by registrar April 2 1948 James Service

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Prince Georges

City or town Berwyn

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2510 50th ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

1 April

1948 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 17 to April 1948

and that I saw him alive on April 17

Immediate cause of death Pleureal Hypertrophy

Pulmonary Constriction

Chronic Appendicitis,

Cirrhosis

Hyperthyroid cardio

Hepatopathy renal

disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Berwyn, Md

Date signed 4/2/48

RECEIVED
APR 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04135

CERTIFICATE OF DEATH

243

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Prince Georges.....

City or town..... Glenn Dale, Maryland.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 1 month, 25 days.....

Hospital, Institution, or street address where death occurred:

..... Glenn Dale Sanatorium.....

How long in hospital or institution?..... 1 month, 25 days.....

3. (a) FULL NAME

CLARISSA M. WHITTAKER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Negro

Separated

6. (b) Name of husband or wife.....

John G. Whittaker

7. Birth date of deceased (mo., day, yr.)

January 10, 1925

6. (c) If alive, give age..... 27 years

8. AGE:

Years

Months

Days

If less than one day

23

23

3

12

..... hrs.

..... min.

9. Birthplace.....

Washington, D. C.

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business.....

MOTHER FATHER

12. Name.....

George Harris

Cumberland, Maryland

Nellie Moore

13. Birthplace.....

Dover, Virginia

14. Maiden name.....

Dover, Virginia

15. Birthplace.....

Deceased

16. Informant.....

Deceased

Address.....

Removal

Date thereof..... April 23, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Location.....

Stewart's Funeral Home

18. Funeral director.....

Address..... 30 H St. N.E. Wash. D.C.

19. Date rec'd by registrar..... Apr 23 1948 Rowland & Phillips

(Date rec'd by registrar)

Registrar.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C.

County.....

Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 651 Second Street, N. E.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

4/22

1948 at 3:58 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2/27

1948 to

4/22 1948

and that I last saw her alive on

4/22

1948

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION

3 mo.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

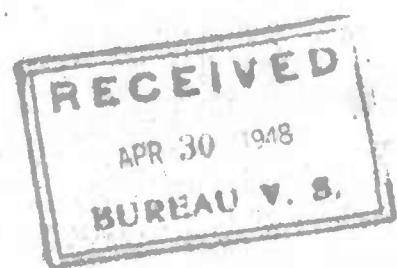
Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Glenn Dale, Md., Date signed..... 4/22/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04136

CERTIFICATE OF DEATH

49c
245

Reg. Dist. No.

1. PLACE OF DEATH:

County

Grace Garage

City or town

Pineydale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

51 hours

Hospital, institution, or street address where death occurred:

Eugene Leland Memorial Hosp.

How long in hospital or institution?

51 hours

3. (a) FULL NAME

Mrs Sarah Hillitt

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Married

6. (b) Name of husband or wife

Russell Bedford Hillitt

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

July 11, 1879

8. AGE:

Years

Months

Days

If less than one day

68

9

16

hrs.

min.

9. Birthplace

Charles County, Md.

(Town, county, and state)

10. Usual occupation

-

11. Industry or business

-

MOTHER FATHER

12. Name Benjamin Daniel Hillitt

13. Birthplace Maryland

14. Maiden name Sarah Jane Nettle

15. Birthplace Maryland

16. Informant

Chair.

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 1, 1948
(month day year)

Cemetery or crematory

St Pauls Cemetery

Location

Waldorf, Md.

18. Funeral director

J. Beach Sons

Address

Hyattsville, Md.

19. Date rec'd by registrar

May 1, 1948

(Date rec'd by registrar)

Mrs. J. J. Severe

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Elsmere

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

April 27

1948

at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 18

1944

to

April 27 1948

and that I last saw her alive on April 27 1948

Immediate cause of death

Cancer of liver

recent abdominal metastasis

DURATION

10 year

6 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert S. Dr. of Maryland

M. D. or other

Address

407 Main St. Laurel, Md. Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04137

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges

City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 3 yrs., 10 mos., 15 days

Hospital, Institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution?..... 3 yrs., 10 mos., 15 days

3. (a) FULL NAME

KATHERINE WILSON

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) November 18, 1923

8. AGE: Years Months Days If less than one day
24 24 5 4 hrs. min.9. Birthplace..... Spencer, West Virginia
(Town, county, and state)

10. Usual occupation..... Clerk

11. Industry or business.....

MOTHER FATHER
12. Name..... B. F. Wilson
13. Birthplace..... Zoma, West Virginia14. Maiden name..... Violet Evans
15. Birthplace..... Zoma, West Virginia
Deceased

16. Informant.....

Address.....

17. Burial to Alexandria, Va. Date thereof April 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director..... W. J. Cunningham

Address..... 809 Cameron St. Aley, Va.

19. 4/22/48 19 (Date rec'd by registrar) Rowland Phillips
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....

City or town..... Washington, D. C. (If outside city or town limits, write RURAL and give nearest town)

Street No. 1338 D. Street, N. E. (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

235-32-4001

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Apr. 22, 1948, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 6, 1944, to Apr. 22, 1948

and that I last saw her alive on Apr. 21, 1948

Immediate cause of death.....

Pulmonary Tuberculosis DURATION
3 yrs 11 mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings at operation.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... Daniel Leo Finegan, M.D.

M. D. or other

Address..... Glenn Dale, Md. Date signed..... 4/22/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04138

CERTIFICATE OF DEATH

243

Reg. Dist. No. 0

1. PLACE OF DEATH:

County..... Prince Georges.....

City or town..... Glenn Dale, Maryland.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mos., 15 days.....

Hospital, Institution, or street address where death occurred:.....

Glenn Dale Sanatorium.....

How long in hospital or institution? 3 mos., 15 days.....

3. (a) FULL NAME

WILSON SADIE

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female Negro Married

6. (b) Name of husband or wife..... Robert Wilson.....

6. (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) November 5, 1920

8. AGE: Years Months Days If less than one day
27 27 5 19 hrs. min.9. Birthplace St. Johns, South Carolina
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business -

MOTHER FATHER 12. Name Willie Wilson

13. Birthplace St. Johns, South Carolina

14. Maiden name Ella Carter

15. Birthplace St. Johns, South Carolina

16. Informant Deceased

Address

17. Burial, cremation, or removal. Which? Burial Date thereof April 24, 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address 1322 1/2 30th St NW Wash.

19. Date rec'd by registrar April 24, 1948 Rowland & Phillips
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....

City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1004 M. St., N. W.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

578-30-6430

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948 at 4:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

118 19.48 to 4/24 19.48

and that I last saw her alive on 4/24 19.48

Immediate cause of death pulmonary tuberculosis DURATION 6 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

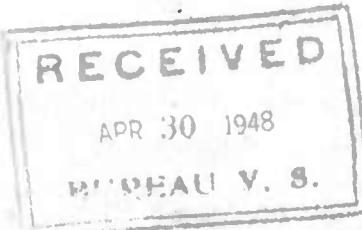
Injured at work?

23. SIGNATURE Daniel P. Finegan, M.D.

M. D. or other

Address Glenn Dale, Md. Date signed 4/26/48

T



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04139
245

Reg. Dist. No.

1. PLACE OF DEATH:

County Prince George County

City or town Riverdale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred: Island Memorial Hospital

How long in hospital or institution? 6 days

3. (a) FULL NAME

Albert Theodore Winter

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white married

6. (b) Name of husband or wife Emma Shantz

Winter

6. (c) If alive, give age December years

7. Birth date of deceased (mo., day, yr.) December 8, 1860

8. AGE: Years 87 Months 4 Days 15 If less than one day - hrs. - min.

9. Birthplace Germany

(Town, county, and state)

10. Usual occupation Retired - Carpenter Cabinet Maker

11. Industry or business

12. Name Not known - Mr. Winter

13. Birthplace Germany

14. Maiden name Caroline Kriemann Winter

15. Birthplace Germany

16. Informant Mrs. Carrie Emma Winter Lacy

Address 3424 Garrison St. N.W. Wash. D.C.

17. Removal Date thereof April 23 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Dower's Grove Cem.

Location Dower's Grove Cem.

18. Funeral director Martin W. Peerson Co.

Address 1300 15th St. NW

19. Date rec'd by registrar April 23 1948

Signature James Berry

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C.

County District of Columbia

City or town Washington, D.C.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3424 Garrison St. Wash. D.C.

(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1948, at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 1, 1947, to April 23, 1948,

and that I last saw him alive on April 22, 1948.

Immediate cause of death

Congestive Heart Failure 1 week

Arteriosclerotic Heart Dis. 10 yrs

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L W Malen M

M. D. or other

Address Overdale, Md. Date signed 4-23-48

RECEIVED

APR 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04140

CERTIFICATE OF DEATH

74a
Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George

City or town Queen Chapel Manor

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James Weissman

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

April 15 - 1937

8. AGE:

Years

Months

Days

If less than one day

11 1 - hrs. min.

9. Birthplace

Washington, D.C.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

Bernard Weissman

12. Name

Bernard Weissman

13. Birthplace

Baltimore, Maryland

14. Maiden name

Amelda Wolf

15. Birthplace

Dublin, Ireland

16. Informant

Mother

17. Address

5615-31st Ave Queen Chapel Manor

18. Burial

Date thereof

4/19/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Cedar Hill Cemetery

19. Location

Suffield, Md.

20. Funeral director

Timothy Stanton

Address

641-14 St. N.E. Wash. D.C.

21. Date rec'd by registrar

April 16, 1948 (Mo. Day, Year)

22. Registry Seal

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Prince George

City or town Queen Chapel Manor

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5615-31st Ave

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 16, 1948, at 6:20 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 30, 1948, to April 16, 1948, and that I last saw him alive on April 16, 1948.

Immediate cause of death

Acute myelogenous leukemia 2 mos.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George Dick, M.D.
Reg. No. 245

M.D. or other

Address 434 Gallatin St., Martinsburg, W. Va. Date signed 4/16/48

M
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If necessary, write the causes of death clearly and legibly.

I

9-45-15M

VS A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
birth date shown on:

MR NO. G 115 APR 20 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04141

CERTIFICATE OF DEATH

75c
Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George

City or town Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days 18 hrs 20 min

Hospital, institution, or street address where death occurred:

Prince George's

How long in hospital or institution? 2 days 15 hrs 20 min

3. (a) FULL NAME

Albert S Woods

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white married

6. (b) Name of husband or wife Mrs. Bertha M Woods

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) December 25, 1867 1866

8. AGE: Years 81 Months Days 11 less than one day hrs. min.

9. Birthplace 111.110.1.5 (Town, county, and state)

10. Usual occupation Former President University Maryland

11. Industry or business

Frederick M Woods

12. Name Frederick M Woods

13. Birthplace New York State

14. Maiden name Eliza Eddy

15. Birthplace New York

16. Informant Sam

Address 4003 Quintana Street

Burial Hospital, md, 4/14/48

Cemetery or crematory Rock Creek

Location Washington D.C.

18. Funeral director F. Gaschey & Sons

Address 1401 Syattville Md.

4/14/48 88 Amanda Dorney

19. (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4001 Quintana

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1948 at 6:30 am

21. I CERTIFY that death occurred on the date above stated; that deceased from
of an infection April 12, 1948
and that last saw him alive on April 11, 1948Immediate cause of death Acute Nephritis
acute Endocarditis

DURATION

Due to Infection

Due to

Other conditions Spleen infection
with peritonitis

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

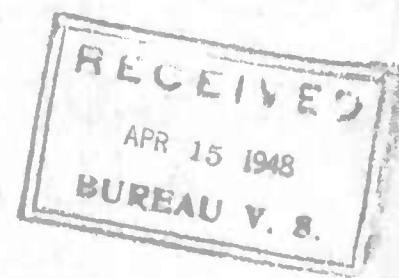
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04142
243

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Prince Georges

City or town..... Glenn Dale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 6 mos., 27 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution?..... 6 mos., 27 days

3. (a) FULL NAME

ESPERT WORTHY

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Negro

Married

6. (b) Name of husband or wife.....

Janice Weldon Worthy

6. (c) If alive, give age..... 38 years

7. Birth date of deceased (mo. day, yr.)

February 20, 1900

8. AGE: Years

Months

Days

If less than one day

48

48

2

0

hrs.

min.

9. Birthplace..... Chester, South Carolina

(Town, county, and state)

10. Usual occupation.....

Laborer

11. Industry or business.....

MOTHER FATHER

12. Name.....

Litton Worthy

13. Birthplace.....

Chester, South Carolina

14. Maiden name.....

Lizzie Land Worthy

15. Birthplace.....

Chester, South Carolina

16. Informant.....

Deceased

Address

17. (Burial, cremation, or removal. Which?)

Removal Date thereof..... 24-20-1948
(month) (day) (year)

Cemetery or crematory.....

Washington D.C.

Location.....

Malvern & Salter Inc.

18. Funeral director.....

124-R St N.W.

Address

Am. 20, 1948 Rowland & Phillips

19. (Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....

City or town..... Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 1708 4th Street, N. W.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

578-12-1921

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

April 20 1948, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 23 1947 to April 20 1948

and that I last saw h. 1m alive on April 20 1948

Immediate cause of death.....

Pulmonary Tuberculosis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

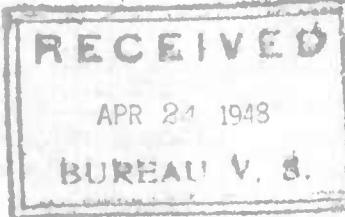
Means of injury

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Daniel F. McGuire M.D., Glenn Dale Md., Date signed April 20, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04143

CERTIFICATE OF DEATH

Reg. Dist. No. 845

845

1. PLACE OF DEATH:

County *Proteo. Co.*
City or town *Riverdale Md.*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

*Elmwood Memorial Hospital*How long in hospital or institution? *9 days*

3. (a) FULL NAME

Mrs. Sophia Forescheck.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*F**W**Widowed.*

6. (b) Name of husband or wife

Bruno Forescheck.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Jan 26 - 1872

8. AGE:

Years
76.

Months

Days

If less than one day

hrs. min.

9. Birthplace

Germany.
(Town, county, and state)

10. Usual occupation

Housewife.

11. Industry or business

12. Name *?* *Heesemann.*13. Birthplace *Germany.*14. Maiden name *Heesemann.*15. Birthplace *Germany.*16. Informant *James S. Parkeneyer.*Address *4010 38th St. Brentwood Md.*17. Burial place *Woodlawn Cemetery.*
(Burial, cremation, or removal. Which?)Date thereof *April 20 1848*
(month) (day) (year)Cemetery or crematory *New York City.*Location *New York City.*18. Funeral director *J. H. Dines Co.*Address *7901 14th N.W.*19. Date rec'd by registrar *April 19 1848*
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.* County *Pro. Geo. Co.*City or town *Brentwood Md.*
(If outside city or town limits, write RURAL and give nearest town)Street No. *4010 38th.*
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 19 1848 at *12 15* M

21. I CERTIFY the death occurred on the date above stated: that I attended deceased from

April 12 1848 to *April 19 1848* 19. 45
and that I last saw her alive on *April 19 1848* 19. 45

Immediate cause of death

Cerebral hemorrhage DURATION *10 ds*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

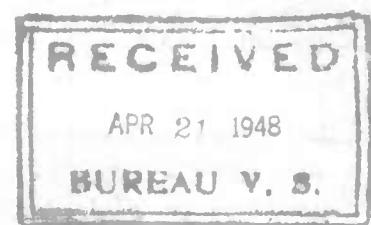
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Leonard Hays
Address *Hyattsville Md.*
M. D. or other *4-79-48*
Date signed



Mrs. Sophia, Gorashick,

4010 - 38th

Brentwood Ind

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131a

04/44
225

1. PLACE OF DEATH:

County Prince GeorgeCity or town Takoma Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, Institution, or street address where death occurred:

6909 - Woodland Ave

How long in hospital or institution?

3. (a) FULL NAME

Frank William

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MalewhiteDivorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

April 28, 1907

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Michigan

(Town, county, and state)

10. Usual occupation

Peanut and Soda Vendor

11. Industry or business

MOTHER FATHER

12. Name George Young13. Birthplace Ottawa Canada14. Maiden name Estelle C. Cox15. Birthplace Canada

16. Informant

Martin FriedmanAddress 416 1/2 a Street S.E. Washington D.C.Date thereof May 30, 1948

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory Cedar Hill Cemetery
Location National Capitol Memorial Park
Washington D.C., Maryland, Md.18. Funeral director Arthur StallerAddress 25 Carroll St. N.W., phone Park 8-262619. April 30, 1948 Mrs. Jas. Severe
(Date rec'd by registrar) W.H. Social Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Prince GeorgeCity or town Takoma Park

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6909 - Woodland Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

Young

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 30, 1948 at 10:54 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.....

19.....

and that I last saw h..... alive on

19.....

Immediate cause of death

Acute congestive heartfailureDue to: Cardiovascular renaldisease

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Repetitive medical Examiner23. SIGNATURE John J. Staller M. D. or otherAddress Forest Hill Rd. Date signed 4-30-48

